



COUNTY OF LAWRENCE

PRESIDENT JUDGE
DOMINICK MOTTO

ADULT PROBATION & PAROLE
JAMES R. JENDRYSIK, CHIEF

TO:

Be advised that as part of your sentence you have been **Court Ordered to perform**
___ hours of Community Service.
Per our records, you still have **___ hours remaining.**

You are required to contact a non-profit organization in order to fulfill this obligation.

- ❖ Enclosed is a list of local non-profit agencies that are pre-approved for this requirement.

You may also choose a non-profit that is *not on the list*, however it *must first* be approved by the Community Service Officer by *completing the attached Request Form in advance*. The Community Service Officer will notify you if the non-profit organization has been accepted or not.

- ❖ Please do not begin your hours prior to approval being granted in the event that it is not approved.

You are to use the attached Verification Form to record completed hours as they accumulate. Once the hours have been completed, you will be required to provide the Verification Form to the Community Service Officer. Failure to fulfill this obligation, failure to fill out the verification form correctly, or loss of the form will result in you being non-compliant with your court order.

- **If you do not do these hours on your own time, then it becomes necessary for me to schedule you hours according to our time.**
- **You MUST have your hours completed by 1-1-22.**

If you have any questions concerning this matter, please call (724) 614-1117.

Sincerely,

COMMUNITY SERVICE OFFICER
LAWRENCE COUNTY ADULT PROBATION
430 Court Street, New Castle, PA 16101
Phone: (724) 614-1117
Fax: (724) 656-1989
apo@co.lawrence.pa.us



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PRE-APPROVED LOCAL COMMUNITY SERVICE LOCATIONS

AGENCY	ADDRESS	CONTACT
Cray Youth & Family Services	44 S. Beaver St. New Castle, PA 16101	Jeff Wolfe 724.654.5507
Crisis Shelter Lawrence County	1218 W. State St. New Castle, PA 16101	Diane Koski 724.652.9206
Code Enforcement	230 N. Jefferson St. New Castle, PA 16101	Parker Maynard 724.406.9117
Ellwood City Community Improvement	Ellwood City, PA 16117	Earla Marshall 724.333.4650
Game Changers Youth Mentoring Program	805 E. Washington St. New Castle, PA 16101	Laura Colvin 724.510.8689
Housing Authority of Lawrence County	312 White St. New Castle, PA 16101	Jason -or- Nick 724.656.5100 x 205
Lawrence County C.A.R.E.S Center (Patches Place)	708 W. Washington St. New Castle, PA 16101	Maggie Kulich 724.657.0226 x 113
Lawrence County Community Action Partnership	241 W. Grant St. New Castle, PA 16101	Tracy Cherry 724.658.7258 x 1401
Lawrence County Courthouse Maintenance Department	430 Court St. New Castle, PA 16101	Frank -or- Dana 724.656.2138
Lawrence County Jail	111 S. Milton St. New Castle, PA 16101	Deputy Jason Hilton 724.656.2121 x 207
Mahoning Township Building	4538 W. State St. Hillsville, PA 16132	Mark Sackin 724.714.7040
New Castle Public Works	1611 Eastbrook Rd. New Castle, PA 16101	Brian Heichel 724.856.2121
New Visions – New Castle Community Improvement	New Castle, PA 16101	Angie Urban 724.510.1410
New Wilmington Township Building	669 Wilson Mill Rd. New Castle, PA 16105	Tracey Deal 724.946.2560
People in Need Food Pantry	2703 W. State St. New Castle, PA 16101	Laura Colvin 423.838.0203
Salvation Army	240 W. Grant St. New Castle, PA 16101	Capt. Darlene Higgins 724.652.7921
United Way	223 N. Mercer St. New Castle, PA 16101	Gayle Young 724.658.8528



REQUEST FORM – For COMMUNITY SERVICE LOCATION

☒ **THIS FORM *ONLY* NEEDS COMPLETED IF YOU ARE REQUESTING TO DO COMMUNITY SERVICE AT A LOCATION THAT IS *NOT* ON OUR “PRE-APPROVED” LOCATIONS LIST.**

☒ TO REQUEST A LOCATION THAT IS **NOT** ON OUR PRE-APPROVED LIST, COMPLETE THE FOLLOWING INFORMATION THOROUGHLY, LEGIBLY, AND SUBMIT IT FOR APPROVAL.

☒ SUBMIT THIS FORM TO THE CONTACT INFORMATION BELOW FOR **PRIOR** APPROVAL.

☒ **DO NOT** PERFORM COMMUNITY SERVICE (AT THE BELOW REQUESTED LOCATION) **UNTIL IT IS APPROVED FIRST.**

PARTICIPANT NAME: _____ REQUIRED HOURS: _____

ORGANIZATION: _____ PHONE: _____

SUPERVISOR/CONTACT NAME: _____

LOCATION ADDRESS: _____

DESCRIPTION OF WORK: _____

SIGNATURE OF PARTICIPANT: _____ DATE: _____

SUBMIT REQUESTS BY **MAIL, FAX, EMAIL OR IN-PERSON** TO:

COMMUNITY SERVICE OFFICER

LAWRENCE COUNTY ADULT PROBATION

430 COURT STREET

NEW CASTLE, PA 16101

EMAIL: APO@CO.LAWRENCE.PA.US

PHONE: 724.614.1147 FAX: 724.656.1989

PROBATION OFFICE USE ONLY:

DATE RECEIVED: _____ RECEIVED BY: _____

THIS REQUEST HAS BEEN: ☐ APPROVED ☐ DENIED (SEE BELOW)

OFFICER'S SIGNATURE: _____ DATE: _____

NOTES:



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JAMES R. JENDRYSIK, CHIEF

LOG HOURS

COMMUNITY SERVICE VERIFICATION FORM

CLIENT NAME: _____

AGENCY: _____ AGENCY PHONE: _____

SUPERVISOR: _____ HOURS REQUIRED: _____

DATE	TIME IN	TIME OUT	TOTAL HOURS	SUPERVISOR SIGNATURE

I HEREBY CERTIFY THAT THE HOURS ABOVE HAVE BEEN COMPLETED AS OUTLINED.

SIGNATURE OF VOLUNTEER

SIGNATURE OF AGENCY SUPERVISOR

IT IS VERY IMPORTANT THAT WE RECEIVE THE COMPLETED FORMS IN ORDER TO GIVE CREDIT TO THE PARTICIPANT FOR HOURS
WORKED. THIS FORM MUST BE SIGNED AND RETURNED TO ENSURE PROPER DOCUMENTATION.

PROBATION OFFICE USE ONLY:

DATE RECEIVED/BY: _____ DATE LOGGED/BY: _____