

Community Service Verification Log

Name _____

Date	Time In	Time Out	Total Hours	Location	Supervisor's Initials

I witness that the above defendant completed the community service described above.

Signature of Supervising Representative _____

Agency and Supervising Representative (Print) _____

Contact Number (_____) _____

Date	Time In	Time Out	Total Hours	Location	Supervisor's Initials

I witness that the above defendant completed the community service described above.

Signature of Supervising Representative _____

Agency and Supervising Representative (Print) _____

Contact Number (_____) _____

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Signature of Supervising Representative _____

Agency and Supervising Representative (Print) _____

Contact Number (_____) _____

Attach sheet if more than 3 locations.