VERIFICATION OF COMMUNITY SERVICE

NAME OF PERSON ON SUPERVISION: _____ **OFFICER NAME: _____**

PACTS NUMBER: _____ **OFFICER PHONE NUMBER: _____**

NUMBER OF COMMUNITY SERVICE HOURS ORDERED BY THE COURT: _____

NAME OF ORGANIZATION PROVIDING COMMUNITY SERVICE:_____

CONTACT NAME:_____ ADDRESS:_____ PHONE NUMBER:_____

Date	Duties Performed	Time In	Time Out	# of Hours Worked	Signature of Person on Supervision	Supervisor Signature

COMMENTS:_____