

Name \_\_\_\_\_ Dkt. No. \_\_\_\_\_ Hours Ordered \_\_\_\_\_ hrs

<i>Date</i>	<i>In</i>	<i>Out</i>	<i>Hours Worked</i>	<i>Comments</i>	<i>Date</i>	<i>In</i>	<i>Out</i>	<i>Hours Worked</i>	<i>Comments</i>

Total Hours \_\_\_\_\_ Total Hours \_\_\_\_\_

**Please Comment:**

I verify the offender has performed the community service work as stated above.

Return form to: \_\_\_\_\_, USPO

Signature \_\_\_\_\_  
 Agency \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone No. \_\_\_\_\_