

JUVENILE COMMUNITY SERVICE LOG

Name: _____

Please note that by signing below, you are verifying that the juvenile listed above has completed that noted community service time.

Date	Organization	Duties Performed	Hrs	(Print) Name of supervisor	Signature of supervisor

Signature of Juvenile: _____

Date: _____

Parent Signature: _____

Date: _____

FOR OFFICIAL USE ONLY

Number of Hours Completed: _____

Case Number: _____

Juvenile Probation Staff:

_____ Name

_____ Title

_____ Date