LYCOMING COUNTY ADULT PROBATION OFFICE
48 WEST THIRD STREET
WILLIAMSPORT, PA 17701

ADULT PROBATION COMMUNITY SERVICE LOG TIME SHEET

DATE ASSIGNED: _____

TO BEGIN: IMMEDIATELY PHYSICAL DISABILITIES: NONE

CLIENT:

CASE NUMBER(S):

AGENCY: _____

SUPERVISOR: _____

COORDINATOR: Corey Persun

The above named client has been directed to complete _____ hours of Community Service by the Court. The following is a log for the recording of completed hours; this is the responsibility of the agency. Any problems should be directed to the Coordinator. Return completed log with verifying signatures as noted.

COMPLETED		COMPLETED	
DATE	HOURS	DATE	HOURS

COMMENTS:_____
_____

The client has successfully / unsucessfully completed _____ hours of Community Services.