LOG OF COMMUNITY SERVICE HOURS

	Organization Where ity Service Hours W				
Name of Performa	Person Whom Supence of Community S	rvised Your Service Hours:			
Superviso	or's Telephone Num	iber:		(Please Print)	
DATE	START TIME	END TIME	TOTAL HOURS FOR SESSION	TOTAL CUMULATIVE HOURS	SUPERVISOR'S INITIALS
determine	d that I have not	completed the to	eted all of the above listed of stal number of hours listed a alse statement to the Court.	community service hours. I unabove, that I may be subject	nderstand that if it is to criminal penalty
	Signature				
			P	Printed Name	