UNITED STATES DISTRICT COURT
DISTRICT OF OREGON—PROBATION OFFICE

RECORD OF COMMUNITY SERVICE HOURS

Name:_____

U.S. Probation Officer:_____ **Telephone:**_____

Community Service Agency:_____

Total Hours to be Completed:_____

Date	Hours	Balance	Date	Hours	Balance

Agency Official:

_____ _____ _____
Signature Printed Name Date