

INDIANA COUNTY PROBATION DEPARTMENT

825 Philadelphia Street, Third Floor
Indiana, PA 15701

Phone: 724-465-3820 Fax: 724-465-3831
probation@indianacountypa.gov

COMMUNITY SERVICE LOG

CLIENT'S NAME: _____ **NO:** _____ **CRIM** _____

Offense: _____

Age: _____ **Sex:** _____ **Probation Officer:** _____

Name of Agency: _____

Address: _____

Agency Supervisor: _____ **Phone:** _____

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The Indiana County Courts has ordered the above defendant to perform _____ hours of public service to a non-profit agency. The following table is for recording the dates and hours completed. Please have this recorded by the agency supervisor. Comments or problems should be directed to the supervising probation officer as noted above. Please return the completed form with an authorized signature for verification to the Probation Department, or release this form to the defendant upon completion.

DATE	HOURS	RUNNING TOTAL	DATE	HOURS	RUNNING TOTAL

COMMENTS: _____

Agency Supervisor Signature

Defendant Signature

Date