

**PLEASE TURN IN YOUR HOURS BY THE \_\_\_\_\_ OF EACH MONTH**

*\*Proof of hours is due each month with your probation fees and monthly report – on date specified above.*

**Phone: (405) 262-1017 Email: [canadiancountyda@dac.state.ok.us](mailto:canadiancountyda@dac.state.ok.us)**

**SUPERVISION PROGRAM – OFFICE OF THE DISTRICT ATTORNEY – Community Service Log**

**Name of Participant**

**Address**

**Case No.**

**NOTE: INFORMATION MUST BE FILLED OUT BY SUPERVISOR.**

<b>Agency</b>	<b>Signature of Supervisor</b>	<b>Date of Service</b>	<b>Time</b>	<b>Hours</b>	<b>Comments</b>

**Community Service hours must be performed for a non-profit or government agency. Hours performed for individuals or for-profit businesses will NOT be accepted. Please provide proof on the letterhead of any agency which does not have an open contract with the DA's office for community service.**