**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: (580) 623-5949 Email: blainecountyda@dac.ok.gov**

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

**Name of Participant** **Address** **Case No.**

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

| Agency | Signature of Supervisor | Date of Service | Time | Hours | Comments |
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**Community Service hours <u>must</u> 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.**