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.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

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.