

LYCOMING COUNTY ADULT PROBATION OFFICE  
48 WEST THIRD STREET  
WILLIAMSPORT, PA 17701

ADULT PROBATION COMMUNITY SERVICE LOG TIME SHEET

DATE ASSIGNED: \_\_\_\_\_

TO BEGIN: IMMEDIATELY

PHYSICAL DISABILITIES : NONE

CLIENT:

CASE NUMBER(S):

AGENCY: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

COORDINATOR: Corey Persun

The above named client has been directed to complete \_\_\_\_\_ hours of Community Service by the Court. The following is a log for the recording of completed hours; this is the responsibility of the agency. Any problems should be directed to the Coordinator. Return completed log with verifying signatures as noted.

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COMPLETED		COMPLETED	
DATE	HOURS	DATE	HOURS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

The client has successfully / unsuccessfully completed \_\_\_\_\_ hours of Community Services.