US Probation/Northern District of Oklahoma
Community Service Log

According to the conditions of your sentence, you are responsible for completing hours of community service. Please use this form to track your progress as you work on completing those hours. The information provided will assist your probation officer in verifying your efforts. Please write legibly.

Name:_____ USPO:_____ USPO CONTACT #:_____ PACTS:_____

Date	Hours Worked	Agency	Name/Signature of Supervisor	Contact Number	Work Performed

I affirm that the information provided on this form is true and correct.

Signature:_____ Date:_____ Total Hours Worked:_____