# JMAS COUNTY PROBATION DEPARTMENT

Sharon L. Reinert, Chief probation officer

ATTN: To Whom It May Concern

Re: Community Service Work for _____ (Juvenile) (____)_____
*(Print client name)* (Adult) *(Client phone number)*

Number of hours ordered:_____

*Directions: Client is responsible to turn in the number of hours completed each month to their Probation Officer or Community Service Work Coordinator.* ***IF HOURS ARE NOT TURNED IN, NO CREDIT WILL BE GIVEN.***

| Date | Hours Worked | Location of Hours Worked | Name of Supervisor | Supervisor Signature |
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**ALL INFORMATION REGARDING JUVENILE COMMUNITY SERVICE WORK IS CONFIDENTIAL.**

This Community Service Work is an obligation ordered by the Court or Probation, which the client has agreed to perform. Completion of this obligation is imperative to successfully complete probation.

Thank you for your participation in the Community Service Work Program. If you have any questions or problems, please feel free to call (530) 283-6200 to speak with the Community Service Work Coordinator.

**270 COUNTY HOSPITAL RD., STE. 128 ~ QUINCY, CA 95971 ~ (530) 283-6200 ~ FAX (530) 283-6165**