	COMMUNITY SERVIC	<u>. L</u>	
County Attorney community services to verified.	has entered into a Diversion which requires him/her to perform concern must be supervised to the extent that the	mmunity servi	ce work. Th
IF THE QU	JALITY OF THE WORK PORY, DO NOT SIGN THIS FORM		D IS NO
Public Entity/Nor	n-Profit Organization:		
<u>Date</u>	Work Performed	Hours Worked	Supervisor Initials
	TOTAL HOURS	S	

Supervisor