# Community Service Hours Report

## Client Information

| | |
|---|---|
| Name: | Case Number: |
| Total Hours Required: | Completion Date: |

## Placement Information

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|---|---|
| Agency Name: | Agency Phone Number: |
| Agency Address: | Contact / Supervisor: |
| City, State, Zip: | Phone Number: |

## Community Service Hours

| Date: | Hours Completed: | Supervisor Signature: | Comments: |
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## Supervisor Verification

I verify that _____ has completed a total of _____ hours of Community Service at the above-named agency. Additionally, I confirm the information in this report is accurate.

| | | |
|---|---|---|
| Supervisor Name (Print) | Supervisor Signature | Date |