

HALL COUNTY JUVENILE SERVICES COMMUNITY SERVICE CONTRACT

I, will perform hours of community service
by

If I complete hours of community service and turn in this form by the remaining hours of community service will be waived.

ORGANIZATION:

SUPERVISED BY:

ADDRESS:

PHONE NUMBER:

DATE	TIME		# OF HOURS	SUPERVISOR'S INITIALS
	FROM:	TO:		
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TOTAL HOURS

PARTICIPANT'S SIGNATURE

DATE

SUPERVISOR'S SIGNATURE

DATE

DIVERSION COORDINATOR

DATE

If submitting by E-mail, you do not need to hand-sign this form.

**PLEASE RETURN THIS FORM TO:
HALL COUNTY JUVENILE SERVICES
117 EAST 1ST STREET, GRAND ISLAND, NE 68801
PHONE (308) 385-5124 FAX (308) 385-5165**