

LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS
TRIBAL COURT
7500 Odawa Circle Drive
Harbor Springs, MI 49740

COMMUNITY SERVICE HOURS

NAME: _____ CASE NUMBER: _____

ADDRESS: _____

PLACEMENT: _____ NO. ORDERED HOURS: _____

TASKS PERFORMED FOR THIS PLACEMENT: _____

ON SITE PERSON SETTING UP TASKS: _____

SITE PERSON SIGNATURE AGREEING THAT THE HOURS INDICATED BELOW HAVE BEEN COMPLETED AS SCHEDULED AND AS REQUESTED.

SITE COODINATOR SIGNATURE

DATE

| DATE | TIME IN | TIME OUT | TOTAL HOURS |
|------|---------|----------|-------------|
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DID THIS PERSON SHOW AS SCHEDULED? _____ WERE THEY PUNCTUAL? _____

WERE THEY COOPERATIVE? _____ DID THEY HAVE GOOD MOTIVATION? _____

COMMENTS: _____

PLEASE RETURN TO PROBATION OFFICER WHEN COMMUNITY SERVICE HOURS ARE COMPLETED AND THIS FORM IS SIGNED. THANK YOU.