

TWELFTH JUDICIAL DISTRICT ATTORNEY'S OFFICE  
PRE-PROSECUTION DIVERSION PROGRAM

**Community Service Time Sheet**

Dear Community Service Work Supervisor:

The individual named below is required to perform community service hours. Please use this form to record the participant's weekly service hours. You may return the form to the worker to bring to the District Attorney's office. Thank you for your cooperation in this matter. If you have any questions, please feel free to contact Felise Turri, PPD Director, at the District Attorney's Office, 1000 New York, Rm. 301, Ph # 437-3640 or Fax # 434-2507.

PARTICIPANT: \_\_\_\_\_

PLACE OF SERVICE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Date	Time In	Time Out	# of Hours
		<b>TOTAL HOURS</b>	

SUPERVISOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

.....

By signing this form, I release the Pre-Prosecution Diversion Program and the District Attorney's Office, as well as any agency where I may be performing community service, and their respective employees, from any liability for any injuries that I may sustain while performing community service.

\_\_\_\_\_  
Community Service Worker

\_\_\_\_\_  
Community Service Agency Representative

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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