

Name: _____ Case: _____
 Hours: _____ in lieu of _____ days in jail.
 Hours: _____ in lieu of \$ _____ fines.
 (Monthly minimum is 20 hours.)
 (Fine conversion at State minimum wage)

DOUGLAS COUNTY DISTRICT COURT PROBATION
 110 NE 2nd Street, Suite 103, East Wenatchee, WA.
 Ph: (509) 884.3538 Fax: (509) 884-5973

COMMUNITY SERVICE WORK SHEET

Return by _____

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Jan.																																
Feb.																																
March																																
April																																
May																																
June																																
July																																
Aug.																																
Sept.																																
Oct.																																
Nov.																																
Dec.																																

Placement: _____
 Supervisor: _____
 Contact Phone: _____
 Verified _____
 Prob. Officer: _____

I certify under penalty of perjury that I have
 devoted the time reported above in the
 performance of community restitution work.

Signature: _____