COMMUNITY SERVICE ATTENDANCE LOG

Client Name:
Case #:
Hours Required:
Restrictions:

LCID #:
Offender Phone:
P.O./P.O. Aide:

Date	Hours Worked	Verification	Date	Hours Worked	Verification

Total number of hours completed: _____

Return completed log to: LCProbCWS@lehighcounty.org or the Adult Probation Department at the Lehigh County Courthouse, 455 W. Hamilton St., Allentown PA 18101.

Client Signature: _____

Agency Name: _____

Supervisor Signature: _____ Date: _____

(Rev. 5/23)