(You are to retain this form until all hours are complete. Once completed provide a copy to your Probation Officer.)

 ***Panhandle Probation Services***

 ***33 Mar*ket Street Suite 126 Apalachicola, Florida 32320**

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| --- | --- |
| Probationer: | Location: |
|  Case Number:  | Address: |
|  Probation Officer:  | Phone number: |
|  Hours required: | Completed by: |
| Charge(s):  Sponsor:  |

 ***Community service time sheet***

All hours must be completed at a non-profit organization and all contact information for the organization along with a letter of acceptance allowing you to perform your hours at that location must be received be for you start your hours. Failure to do so may disqualify any hours completed before approval is granted. If you falsify your hours or willingly allow someone else to, it will result in a violation of probation.

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| **Date** | **Time In** | **Time Out** | **Sponsors signature** | **Defendants signature**  | **Hours completed** |
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|  **Total Completed:** |  |
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| **Verified by Probation Officer: Date:** |  |