CS FORM A (Rev. 3/99) (original to case supervision file)

UNITED STATES PROBATION AND PRETRIAL SERVICES OFFICE DISTRICT OF MINNESOTA	CLIENT:
	OFFICER:
RECORD OF COMMUNITY SERVICE (PLACEMENT #1)	
Agency	Phone
Contact Person	No. of Hours Ordered
Date Started	Completion Date
RECORD OF COMMUNITY SERVICE (PLACEMENT #2)	
Agency	Phone
Contact Person	No. of Hours Ordered
Date Started	Completion Date

DATE	CONTACT PERSON	AGENCY	HOURS COMPLETED	BALANCE