U.S. Probation/District of Nebraska
Community Service Log

According to the conditions of your sentence, you are responsible for completing _____ hours of community service. Please use this form to track your progress as you work on completing those hours. The information provided will assist your probation officer in verifying your efforts. Please write legibly.

NAME: USPO: USPO CONTACT #: PACTS:

Date	Hours Worked	Agency	Name/Signature of Supervisor	Contact Number	Work Performed

I affirm that the information provided on this form is true and correct.

Signature: Date: Total Number of Hours Worked: