

Community Service Hours

Name: _____ Case No. _____

Number of hours to be completed: _____ Deadline for completion: _____

Agency: _____

Contact Name: _____

Phone Number: _____

Date	Hours Worked	Agency Supervisor Signature

Total: _____ Date Completed: _____

Please mail or fax this completed sheet to the Weld County District Attorney’s Diversion Program at P.O. Box 1167, Greeley, CO 80632 or (970) 356-4010, Attn: Tara Nailon, Adult Diversion Director. If you should need to reach me directly, I can be contacted at (970) 356-4010 ext. 4791 or at tnailon@co.weld.co.us

Thank you in advance for your assistance.