Community Service Hours

Name:		Case No
Number o	of hours to be completed: _	Deadline for completion:
Agency:		
C	ontact Name:	
Pl	none Number:	
	Number of	
Date	Hours Worked	Agency Signature
Total	l:	Date Completed:

Please mail or fax this completed sheet to the Weld County District Attorney's Juvenile Diversion Program at P.O. Box 1167, Greeley, CO 80632 or (970) 356-4010, Attn: Erica Barraza, Juvenile Diversion Case Manager. If you should need to reach me directly, I can be contacted at (970) 356-4010 ext. 4754 or at ebarraza@co.weld.co.us

THANK YOU in advance for your assistance.