

BROWN COUNTY PROBATION DEPARTMENT  
Courthouse, First Floor  
P.O. Box 85  
Nashville, IN 47448  
(812) 988-5505  
Fax (812) 988-5506

**COMMUNITY SERVICE PROGRAM**

Probationer's instructions: This form is to be presented to the supervisor on the first scheduled workday. The supervisor will record and evaluate your work and will return this form to the Probation Department. You are expected to report to work promptly and be dressed appropriately.

Name: \_\_\_\_\_ Cause No.: 07C01-\_\_\_\_\_

Charge: \_\_\_\_\_

Number of hours assigned: \_\_\_\_\_ Date to be completed: \_\_\_\_\_

Agency assigned: \_\_\_\_\_

**WORK SCHEDULE:**

<u>Date</u>	<u>Time/Hours completed</u>	<u>Verification of completion</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Probationer's attitude: \_\_\_Poor \_\_\_Fair \_\_\_Good \_\_\_Excellent

Quality of work: \_\_\_Poor \_\_\_Fair \_\_\_Good \_\_\_Excellent

Evaluation/Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's Name (Print): \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return immediately following completion of work or when deadline has expired to:

Probation Officer's Name: \_\_\_\_\_

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[probation@browncounty-in.us](mailto:probation@browncounty-in.us)