

## PUBLIC SERVICE RESTITUTION PROGRAM

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Cause No.: 07C01-\_\_\_\_\_

Offense: \_\_\_\_\_

Number of hours assigned: \_\_\_\_\_ To be completed no later than: \_\_\_\_\_

### **WORK SCHEDULE:**

Date                    Time                    Total Hours            Type of work completed, performance of worker,

additional comments:

Successful completion

Unsuccessful completion due to \_\_\_\_\_

Agency Name and phone number: \_\_\_\_\_

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

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

Brenda Dewees, Probation Officer

BROWN COUNTY PROBATION DEPARTMENT  
P.O. BOX 85  
NASHVILLE, IN 47448  
Phone (812) 988-5505  
Fax (812) 988-5506