

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:

<u>Date</u>	<u>Time</u>	<u>Total Hours</u>	<u>Type of work completed, performance of worker,</u>
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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