

Office of the Public Advocate  
Maricopa County  
Community Service Tracking Sheet

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_

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

Hours Due: \_\_\_\_\_ Start Date: \_\_\_\_\_

Name and address of organization where hours were completed: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

| Date | Time IN | Time OUT | Total Hours | Staff Initials |
|------|---------|----------|-------------|----------------|
| 1.   |         |          |             |                |
| 2.   |         |          |             |                |
| 3.   |         |          |             |                |
| 4.   |         |          |             |                |
| 5.   |         |          |             |                |
| 6.   |         |          |             |                |
| 7.   |         |          |             |                |
| 8.   |         |          |             |                |
| 9.   |         |          |             |                |
| 10.  |         |          |             |                |
| 11.  |         |          |             |                |
| 12.  |         |          |             |                |

Please give this tracking sheet to your community service supervisor to complete and sign. Bring this sheet to court. Thank You

Total Hours Completed: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_