CSR ATTENDANCE

Defendant's Name:_____ Officer's Name:_____

The following is a record of CSR performed. Forging or altering this document may be viewed as a criminal offense. This is an official document of the Liberty-Chambers Counties Community Supervision and Corrections Department.

CREDIT IS GIVEN ONLY FOR TIME PRESENT AT WORKSITE:

_____ Number of hours required

Date	Start Time	End Time	Total Hours	Agency/Location	Supervisor
Totals					

CSR Supervisor's Signature _____
Defendant's Signature_____