

OAR Work Site Referral

<u>Name:</u> Christopher Seto	<u>Agency:</u> Mental Health America
<u>Date of Birth:</u> 2/11/1995	<u>Address:</u> 911 E Jefferson St
<u>Phone Number:</u> 434-806-2195	<u>Telephone:</u> 434-977-4673
<u>Offense:</u> Burglary	<u>Supervision Provided by:</u> Alice Anderson

The above referenced individual has been court ordered to provide the following hours of community service: 100. The assigned community service is due on: 4/1/2015
Client is advised to call or report no later than: 8/5/14

If you have any question as to what qualifies as community service please feel free to contact the client's assigned Officer. On this page is the hour tracking form as well as a place to provide your contact information. Please fill this out completely. OAR and the Courts will not give community service credit if the hours cannot be verified.

Date	Time In	Time Out	Hours	Supervisors Signature
3/22				

Total hours: _____

I certify that the above named client worked the aforementioned listed hours with supervision as stated above.

Probation Officer Contact Info: <u>Ryan Witt</u> <u>434-296-2441 x112</u>	Agency Signature : Date:	Clients Signature: Date:
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