

**COMMUNITY SERVICE PROJECTS
COURT SERVICES PLACEMENTS**

Date: _____

Name: _____ Age: _____

Address: _____

Phone: _____

Hours: _____ Due Date: _____ Hours Available: _____

Offense: _____ File #: _____

Agent: _____

Worksite: _____

Supervisor: _____

Reporting Date and Time: _____

Special Instructions: _____

Number of Hours Credited: _____

Performance Rating: Excellent _____ Satisfactory _____ Unsatisfactory _____

COMMENTS: _____

Supervisor Signature

Phone

**RETURN TO: FREEBORN COUNTY COURT SERVICES
FREEBORN COUNTY COURTHOUSE
ALBERT LEA, MN 56007
TELEPHONE: (507) 377-5138
FAX: (507) 377-4695
EMAIL: cstdocs@co.freeborn.mn.us**