

# JUDICIAL ALTERNATIVE SENTENCING PROGRAM

City of Bristol Circuit Court

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## Work Re-Entry Program Community Service Verification

Participant Name: \_\_\_\_\_

**Site Supervisors:** *By recording community service hours below, you are certifying that the information contained on this form is true, complete, and correct to the best of your knowledge. All hours are subject to verification by the program staff.*

| Date | Location | Hours Worked | Supervisor Signature | Supervisor Phone |
|------|----------|--------------|----------------------|------------------|
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**Participant Acknowledgement:** *I certify that the information contained on this form is true, complete, and correct to the best of my knowledge. I understand that providing false information on this form may result in program sanctions, including possible termination.*

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date