



# OSAGE COUNTY ATTORNEY'S OFFICE

## **Tonya R. Vignery, County Attorney**

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## Adult Community Service Work Verification Form

MUST BE RETURNED TO  
THE OSAGE COUNTY ATTORNEY'S OFFICE

Defendant:

Case No:

Hours to complete: \_\_\_\_\_ hours

PLEASE PROVIDE Worksite Name and Address:

\*Can be Non-Profit or Government Agency ONLY!!

Total:

Work Evaluation (Agency Use Only)	Comments:
Work Performance: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Attitude: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Dependability: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	