



OSAGE COUNTY ATTORNEY'S OFFICE

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Juvenile Community Service Work Verification Form

MUST BE RETURNED TO
THE OSAGE COUNTY ATTORNEY'S OFFICE

Juvenile:

Case No:

PLEASE PROVIDE Agency Name and Address:

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

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	