DAILY ACTIVITY LOG

CLIENT'S NAME: ____

*Send this form **EVERY FRIDAY** to: LM Verifications, ATTN: Your Officer U. S. Probation Office 125 S. Jefferson St., Rm. 301 Green Bay, WI 54301 Fax: (920) 884- 7786 mail_wiep@wiep.uscourts.gov

WHO IS YOUR USPO?	VERIFIED BY USPO:	DATE:
-------------------	-------------------	-------

DATE	TIME OUT	TIME IN	COMPANY NAME & ADDRESS WHERE DID YOU GO?	CONTACT PERSON	PHONE NUMBER