



**DEFENSORIA
PÚBLICA DO ESTADO
DE PERNAMBUCO**

FOLHA DE FREQUÊNCIA SERVIÇO VOLUNTÁRIO

NOME: _____ **MÊS:** _____ /20__

NÚCLEO DA DPPE: _____

DATA	HORA ENTRADA	ASSINATURA	HORA SAÍDA	ASSINATURA
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ASSINATURA DO DEFENSOR SUPERVISOR