

Docket No. _____

STATE OF TEXAS
Vs.

§
§
§

In Justice Court Pct.____
Chambers County, Texas

Defendant

Community Service Time Sheet

Total Hours:_____ Hours Per Month:_____

- All participants must fill out name of organization and all appropriate information concerning their community service participation. Only Non-Profit organizations or approved social programs can be community service providers.
- Please print (information cannot be read – student will not receive community service hours).
- All participants are responsible for obtaining their own community service placements, signature of contact person for community service, and contact person’s validation of community service hours earned. Only the contact person can fill out community service hours and must initial hours worked.
- All participants are responsible for turning in community service hours on or before their due date.

Date	C/S Hours Worked	Initials	Date	C/S Hours Worked	Initials
Total Hours Worked					

NAME OF ORGANIZATION:_____

I certify that the above information is true and correct to the best of my knowledge:

Signature of Authorized Supervisor

Date:_____

Address:_____

City / State / Zip

Phone #:_____

Email:_____