

SAMPLE

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THORNTON MUNICIPAL COURT
COMMUNITY SERVICE WORK LOG

THE COMMUNITY SERVICE WORKER (NOT THE JOB SITE) SHALL RETURN THIS FORM TO THE COURT BY THE DEADLINE GIVEN.

Name/Summons Number: Your Name/ 6000000

Work Site Name: Helping Hands-Non-Profit Organization

Work Site Address: 123 Main St., Anywhere, USA

Signature of person for whom the work was done: Jane Smith

Printed Name of person for whom work was done: Jane Smith

Contact Phone Number for Job Site: 303-555-1212

How does this site qualify for Community Service? Check one:

Non-Profit Organization Elderly (non-relative) Disabled (Non-relative)

- You can do an internet search for "non-profit near me" for suggested locations.

NOTE: Community service hours for a non-related elderly or disabled individual is authorized for a JUVENILE ONLY given their age may limit access to non-profit organizations. An adult would need to get Court approval prior to community service hours being completed for an elderly or disabled individual.

WORK LOG – TO BE DOCUMENTED DAILY

<u>Date</u>	<u>Nature of Work Performed</u>	<u>Hours Worked</u>
01/01/16	Sorting Clothes	8:00-5:00= 8 hrs.
01/03/16	Sweeping Floors	8:00-10:00= 2 hrs.
01/04/16	Filing	8:00-2:00= 6 hrs.
01/07/16	Assisting Shoppers	10:30-3:30= 5hrs.

TOTAL HOURS WORKED: 21 hrs TOTAL

By signing below, I swear and affirm the above information is true and accurate to the best of my ability, and that if I provide false information, I could be subject to contempt proceedings.

 Defendant's Signature
Defendant's Signature

 Today's Date
Date

THORNTON MUNICIPAL COURT
COMMUNITY SERVICE WORK LOG

THE COMMUNITY SERVICE WORKER (NOT THE JOB SITE) SHALL RETURN THIS FORM TO THE COURT BY THE DEADLINE GIVEN.

[X] COMMUNITY SERVICE HOURS ORDERED: _____

Proof of completion must be provided by your scheduled court hearing date OR YOU MUST APPEAR BEFORE THE COLLECTIONS OFFICER at your scheduled court date and time.

Defendant's Name: _____

Summons Number: _____

Work Site Name: _____

Work Site Address: _____

Signature of person for whom the work was done: _____

Printed Name of person for whom work was done: _____

Contact Phone Number for Job Site: _____

How does this site qualify for Community Service? Check one:

Non-profit Organization Elderly (non-relative) Disabled (non-relative)

- You can do an internet search for "non-profit near me" for suggested locations.

NOTE: Community service hours for a non-related elderly or disabled individual is authorized for a JUVENILE ONLY given their age may limit access to non-profit organizations. An adult would need to get Court approval prior to community service hours being completed for an elderly or disabled individual.

1. WORK LOG- TO BE DOCUMENTED DAILY

<u>Date worked</u>	<u>Nature of Work Task Performed</u>	<u>Hours worked</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL HOURS WORKED: _____

By signing below, I swear and affirm the above information is true and accurate to the best of my ability, and that if I provide false information, I could be subject to contempt proceedings.

Defendant's Signature

Date