

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

Name of Community Service Worker: John Doe

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)

WORK LOG – TO BE DOCUMENTED DAILY

Date	Nature of Work Performed	Hours Worked
<u>01/01/16</u>	<u>Sorting Clothes</u>	<u>8:00-5:00= 8 hrs.</u>
<u>01/03/16</u>	<u>Sweeping Floors</u>	<u>8:00-10:00= 2 hrs.</u>
<u>01/04/16</u>	<u>Filing</u>	<u>8:00-2:00= 6 hrs.</u>
<u>01/07/16</u>	<u>Assisting Shoppers</u>	<u>10:30-3:30= 5hrs.</u>
		<u>21 hrs TOTAL</u>

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 to Court by your hearing date OR YOU APPEAR BEFORE THE COLLECTIONS OFFICER at your scheduled date and time.

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)

A separate log must be completed for EACH location where community service hours are performed.

<u>WORK LOG- TO BE DOCUMENTED DAILY</u>		
Date worked	Nature of Work Task Performed	Hours worked
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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