

**COMMUNITY SERVICE TIME SHEET**

\_\_\_\_\_ Municipal Court  
Address: \_\_\_\_\_  
\_\_\_\_\_, Texas \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**COMMUNITY SERVICE TIME SHEET**

Community Service Provider: \_\_\_\_\_ Telephone: \_\_\_\_\_ Date Assigned: \_\_\_\_\_  
Name of Defendant Performing Community Service: \_\_\_\_\_ DOB: \_\_\_\_\_  
Total Hours Assigned: \_\_\_\_\_ To be completed by: \_\_\_\_\_  
Complete \_\_\_\_\_ hours by \_\_\_\_\_; and then \_\_\_\_\_ hours by \_\_\_\_\_  
Cause number(s): \_\_\_\_\_

Date	Time In	Time Out	Total Hours	Subtotal Hours	Supervisor Initials	Defendant's Initials

**Community Service Rules**

While performing community service, I will:

- Contact the provider I choose to arrange community service as soon as possible;
- Arrive on time;
- Obey the site supervisor;
- Not leave the worksite without permission;
- Not carry any sort of weapon;
- Not use abusive language;
- Not deliberately destroy or deface any tools or property;
- Never accept any tips or cash from anyone in association with my community service;
- Wear appropriate clothing to work;
- Apply for authorization for extension of time if needed;
- Contact the Municipal Court with any questions.

Finally, I understand that failure to follow these rules will result in a warrant being issued for my arrest and may result in my incarceration.

I certify that the above record is a true representation of the number of hours worked for the above period by \_\_\_\_\_.

Approved by: \_\_\_\_\_  
Community Service Provider Representative

\_\_\_\_\_  
Signature of Defendant Performing  
Community Service

**WARNING: Filing false information with the Court is a Class A misdemeanor punishable by up to one year in jail and a maximum fine up to \$4,000.**