

SANTAQUIN GOSHEN GENOLA JUSTICE COURT

275 WEST MAIN ST, SANTAQUIN UT 84655
801 754-5376 FAX: 801-754-1699

COMMUNITY SERVICE TIME SHEET

Defendant _____

Hours Per Month _____

Case Number _____

Completed By _____

This person has been ordered by this court to work the number of hours stated above for a nonprofit public agency and requests that you accept his/her service. The defendant has been instructed to contact you and present this form and to abide by the schedule and arrangements that you make for work.

It is his/her responsibility to complete this assignment in accordance with the work schedule that you provide for him/her and upon its completion have this signed by you. He/she is then to return this form to the Court on or before the completion date specified above. It is his/her responsibility to arrange with the Court for any extension of time that may be necessary.

	Dates Worked	Hours	Job Description
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

It is the defendant's responsibility to return this form to the court. On the last day worked, have the supervisor fill out the information below and return this original form to the court. If this form is not returned – no credit can be given for the hours worked.

Supervisor: When the work has been completed, please fill out business information, sign below and return the time card to the defendant.

Date: _____

Supervisors Name: _____
Please Print Name

Business Name: _____

Supervisors Signature: _____

Telephone #: _____