**COMMUNITY SERVICE TIME SHEET**

**Name of Defendant Performing Community Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Community Service Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Hours Assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To be completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Cause number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ph.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time In** | **Time Out** | **Total Hours** | **Subtotal Hours** | **Supervisor Initials** | **Work Performed** |
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**Community Service Rules**

While performing community service, I will:

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

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Community Service Provider Representative Signature of Defendant Performing Community Service

**ORDERED, ADJUDGED, AND DECREED** that the Defendant shall work no more than 16 hours per week in performing the above-ordered community service. A defendant is considered to have discharged $100.00 of fines or costs for each eight hours of community service. A defendant may discharge this obligation to perform community service by paying at any time the fine and costs assessed.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Defendant's Signature



\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Morris L. Overstreet, Municipal Judge

 City of Marlin

 Falls County, Texas