



Community Service Time Sheet

TC#: _____

Hearing Date: _____

Name: _____

Case #: _____

Hours Required: _____ By: _____

Please fill out this form and return it to:
Colorado Springs Teen Court
P.O. Box 2169
Colorado Springs, CO, 80901-2169
 Phone: 719-475-7815 Fax: 719-385-6202
 Email: info@springsteencourt.org

LOCATION A	LOCATION B	LOCATION C
<i>AGENCY NAME:</i>	<i>AGENCY NAME:</i>	<i>AGENCY NAME:</i>
<i>AGENCY PHONE NUMBER:</i>	<i>AGENCY PHONE NUMBER:</i>	<i>AGENCY PHONE NUMBER:</i>
<i>SUPERVISOR NAME:</i>	<i>SUPERVISOR NAME:</i>	<i>SUPERVISOR NAME:</i>
<i>SUPERVISOR TITLE:</i>	<i>SUPERVISOR TITLE:</i>	<i>SUPERVISOR TITLE:</i>
<i>SUPERVISOR SIGNATURE:</i>	<i>SUPERVISOR SIGNATURE:</i>	<i>SUPERVISOR SIGNATURE:</i>

Each individual shift must be recorded. Hours must be completed at a NONPROFIT ORGANIZATION.

LOCATION							
DATE							
TIME IN							
TIME OUT							
HOURS							

White copy to Teen Court / Yellow copy to Defendant / Pink copy to Service Organization

TOTAL HOURS: