

COMMUNITY SERVICE TIME SHEET
 Englewood Municipal Court
 1000 Englewood Parkway
 Englewood, CO 80110
 303-762-2580

Defendant: _____

Case Number: _____

Number of Hours to Complete: _____

Date by which to complete: _____

NAME OF AGENCY: _____ TAX ID NUMBER: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

SUPERVISOR & TITLE: _____

SERVICES PERFORMED BY DEFENDANT: _____

TOTAL HOURS WORKED: _____

Date	Time In	Time Out	Hours Worked	Supervisor's Initials	Comments

Please rate the participant's performance in the following areas:

- A. DEPENDABILITY: Excellent Good Fair Poor Unacceptable
- B. ATTITUDE: Excellent Good Fair Poor Unacceptable
- C. WORK QUALITY: Excellent Good Fair Poor Unacceptable

Additional Comments: _____

I certify that the above named individual has completed the hours and services for a **NON-PROFIT** Organization.

Supervisor Name (Printed): _____

Signature of Supervisor: _____ Date: _____

As the Defendant listed above, I acknowledge under penalty of perjury that the information provided here is true and correct to the best of my ability.

Signature of Defendant: _____ Date: _____

Signature of Parent/Legal Guardian: _____ Date: _____