

COMMUNITY SERVICE TIME SHEET

Rosebud Municipal Court
Address: 202 S. College/ P.O. Box 657
Rosebud, Texas 76570
Telephone: 254-583-7714
Fax: 254-583-2157

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