

DEFENDANT'S NAME: _____

DATE OF BIRTH: _____ FILE ID# _____

CITY OF AMARILLO MUNICIPAL COURT
COMMUNITY SERVICE RECORD OF HOURS

TEEN COURT COMMUNITY SERVICE COMMUNITY SERVICE/DEFERRED

_____ has been assigned to perform _____ hours
of community service completed by _____.

(BELOW TO BE COMPLETED BY NON-PROFIT AGENCY/CHURCH)

I, _____, certify that _____ hours of Community
Service were Satisfactorily completed by the above named individual.

Signature

Date

Printed Name

Title

Name of Agency

Telephone Number

(BELOW TO BE COMPLETED BY DEFENDANT)

I, _____, certify that I have satisfactorily completed
_____ hours of Community Service.

Signature

Printed Name

Date

**PLEASE NOTE:
ONLY THE HOURS RECORDED ON THE AMARILLO COMMUNITY SERVICE
RECORD OF HOURS WILL BE CREDITED AGAINST HOURS ASSIGNED.
FRONT AND BACK OF LOG MUST BE COMPLETED. FAILURE TO COMPLETE
LOG AS INSTRUCTED MAY RESULT IN REFUSAL BY THE COURT.**

