

DEFENDANT'S NAME: \_\_\_\_\_

CAUSE NUMBER(S): \_\_\_\_\_

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 \_\_\_\_\_, with progress to be  
submitted \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_.

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

I, \_\_\_\_\_, certify that \_\_\_\_\_ hours of community service  
were completed by the above named individual.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Agency

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail Address

(Court must be able to contact the agency and verify hours worked)

(BELOW TO BE COMPLETED BY DEFENDANT)

I, \_\_\_\_\_, certify that I have 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.  
MUST WORK HOURS – MAY NOT RECEIVE CS HOURS CREDIT FOR  
DONATIONS.**

