



COMMUNITY SERVICE TIME SHEET

Date: _____

City of Ferguson vs _____

Next Court Date: _____

The Court has ordered that _____ complete _____ hours of community service. The community service must be completed and this form returned to the Ferguson Municipal Court Clerk's office on or before _____ or a court appearance is required.

DEFENDANTS SIGNATURE _____

TO BE COMPLETED BY AGENCY/ORGANIZATION (must be on list):

AGENCY NAME: _____

AGENCY ADDRESS: _____

AGENCY PHONE #: _____

Work Date	# of Hours	Verified By:	Work Date	# of Hours	Verified By:	Work Date	# of Hours	Verified By:

Total hours Worked: _____ Supervisor Name: _____

SUPERVISOR SIGNATURE _____

FOR MUNICIPAL COURT USE ONLY	
TIMESHEET REC'D _____ <small>(DATE)</small>	COMM. SERV. SATISFACTORY Y N HRS. REQUIRED _____ HRS. COMPLETED _____
COURT OFFICER/CLERK _____ <small>(SIGNATURE)</small>	_____ <small>(Date)</small>