



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.

DEFENDANT'S SIGNATURE _____

TO BE COMPLETED BY AGENCY/ORGANIZATION (must be on list or approved by Ferguson Municipal Judge):

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 _____	COMM. SERV. SATISFACTORY Y N	HRS. REQUIRED _____	HRS. COMPLETED _____
(DATE)			
COURT OFFICER/CLERK _____		-/	
(SIGNATURE)		(Date)	