

COMMUNITY SERVICE HOURS WORKSHEET

NEW BRAUNFELS MUNICIPAL COURT

court@newbraunfels.gov

DEFENDANT'S INFORMATION

Name: <u>N02</u>	Docket#: <u>C03</u>
Phone:	Cell Phone #:
Mail Address:	Email Address:
Hours Required:	Due Date:
Def's Signature:	Defendant's Initials:

COMMUNITY SERVICE PROVIDER/NOT FOR PROFIT AGENCY INFORMATION

(Churches do NOT quality-without prior approval.)

Agency Name:	Agency Address:	Agency Phone Number:
Point of Contact (POC) Name:	POC Email Address:	POC Phone Number:

Service must be completed at a **501.c3 non profit or government agency**. Churches or religious organizations **do not qualify** in the majority of instances. To ensure that hours presented are **ELIGIBLE**, get prior approval from the court.

Work to be performed by defendant:

Who benefits from this work/service?:

Agency Representative(s) Approving Hours: (for hours verification purposes)

PRINTED NAME	SIGNATURE	INITIALS

HOURS LOG