

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		
<i>(Churches do NOT qualify-without prior approval.)</i>		
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 form the court.		
Work to be performed by defendant:		
Who benefits from this work/service?:		
Agency Representative(s) Approving Hours: <i>(for hours verification purposes)</i>		
PRINTED NAME	SIGNATURE	INITIALS

HOURS LOG

DATE	Time IN	Time OUT	Daily Hours Total	Agency Initials	Defendants Initials	CUMULATIVE HOURS TOTAL