

COMMUNITY SERVICE TIME SHEET

Agency: _____

Docket # _____

Name _____

Address _____

City/State/Zip _____

Hours Assigned _____

Telephone: _____

Work Completed/Time Sheet

Submitted to Court by _____ / _____ / _____

Date	Supervisor Initials	# Hours Worked	Date	Supervisor Initials	# Hours Worked	Date	Supervisor Initials	# Hours Worked
Subtotal Hours			Subtotal Hours			Subtotal Hours		

Total Hours: _____

AGENCY WHERE WORK PERFORMED:

Notice to Agency: Imprint the agency seal or stamp in the space below.

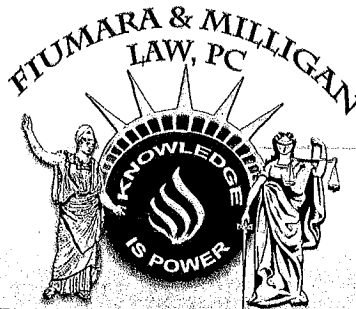
Under penalty of perjury, I hereby certify that:

- I worked the hours indicated above; and
- When this work was performed, I was not employed by the agency.

Defendant's Signature

Signature of Authorized Agency Representative

Date: _____



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