



From the office of
Jason Dunn
 Justice of the Peace, Pct. 4
 East Montgomery County Courthouse Annex
 22354 Justice Drive, New Caney, Texas 77357

Phone
 281-577-8970
 936-521-8970

Fax
 281-577-8947
 936-521-8970

VERIFICATION OF COMMUNITY SERVICE

Case# _____ Offense: _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ DL: _____

Cell Phone#: _____ Work Phone# _____

Number of Community Service Hours to complete: _____, complete by _____.

Date: _____ Time In: _____ Time Out: _____ Confirmed # hours: _____.

Date: _____ Time In: _____ Time Out: _____ Confirmed # hours: _____.

Date: _____ Time In: _____ Time Out: _____ Confirmed # hours: _____.

Date: _____ Time In: _____ Time Out: _____ Confirmed # hours: _____.

Date: _____ Time In: _____ Time Out: _____ Confirmed # hours: _____.

Date: _____ Time In: _____ Time Out: _____ Confirmed # hours: _____.

(Please X out any hours not confirmed as worked)

Total Number of Hours Worked: _____.

If for any reason you need to reschedule, you must contact the Court prior to the date. The above is true and correct to the best of my ability.

Name of Organization: _____.

Signature of Supervisor: _____.

Printed Name of Supervisor: _____, Phone Number: _____.

I, the above named community service worker, **have / do not have** (circle one) any medical disability which would prevent me from fulfilling my obligation to this non-profit organization. ***I understand this is court ordered and I certify all information given above is true and correct***

I understand it is my responsibility to return this form to Justice of the Peace, PCT 4 by: _____, 20__, and it is not responsibility of the non-profit organization. I understand failure to return this form to Justice of the Peace; PCT 4 may result in a warrant for my arrest being issued.

_____.

Community Service Worker