



JUDGE JASON DUNN
JUSTICE COURT PCT 4
MONTGOMERY COUNTY JUSTICE OF THE PEACE
22354 JUSTICE DR
NEW CANEY, TX 77357

281-577-8970 OFFICE
JP4@MCTX.ORG EMAIL

Community Service Options

Operation Refuge Thrift Store

281.592.0204
904 E. Houston St.
Cleveland, TX 77327
Monday-Saturday 9am-6pm
Must be at least 18 years of age

New Beginnings Baptist Church

Pastor Scott Anderson 832.401.6989
texascott1911@yahoo.com
16715 Main Street
Splendora, TX 77372
Appointment required

Montgomery County Memorial Library – Central Location

936.788.8377 ext. 6244
104 I-45N
Conroe, TX 77301
Monday-Friday 9am-5pm
Must fill out a volunteer application to determine eligibility
Please call for details

Montgomery County Food Bank

Betty Baldwin 936.539.6686 ext. 2013
1 Prospect Point
Conroe, TX 77385
Monday-Thursday 9am-12pm; 1pm-4pm
Please call for details

New Caney Family Worship Center

281.740.7540
ncfwc@aol.com
23214 FM 1485
New Caney, TX 77357
Appointment required

Covenant Well of Hope Food Pantry

281.592.0866

500 E. Houston St.

Cleveland, TX 77327

Tuesdays and Thursday 9am-3pm

Goodwill

281.354.5010

23741 US HWY 59

Porter, TX 77365

Must fill out an application to determine eligibility

Havens Army Women's Home

281.689.5864

10316 Rice Road

Cleveland, TX 77328

Appointment required

Humble Assistance Ministries (HAM)

281.446.0993

1204 1st Street E

Humble, TX 77338

Please call for details

Key Life Church

Kirk Hall 870.304.6690

22774 Antique Lane

New Caney, TX 77357

Appointment required

The Dream Center

281-601-6800

Dreamteam@htowndreamcenter.org

www.htowndreamcenter.org

God's Garage Community Center

936.286.8000

2106 E. Davis St.

Conroe, TX 77301

godsgaragecar@yahoo.com

godsgarage.org

Visit the website for details



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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: _____.

Hours not confirmed will not be counted

Total Number of Hours Worked: _____.

The above is true and correct to the best of my knowledge.

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 disabilities preventing 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 the Court by: _____, 20____, and it is not the responsibility of the non-profit organization.

I understand that failure to return this form to Justice of the Peace; PCT 4 may result in a warrant being issued for my arrest.

 Community Service Worker