



JUDGE JASON DUNN
JUSTICE COURT PCT 4
MONTGOMERY COUNTY JUSTICE OF THE PEACE

21130 LEGION RD., SUITE #100
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 10am-5pm
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 Food Bank

Andrea Richardson 936.271.8820
1 Food For Life Way
Conroe, TX 77385
Monday-Friday 9am-12pm; 1pm-3pm
Mcfoodbank.volunteerhub.com

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

281.592.5001
500 E. Houston St.
Cleveland, TX 77327
Appointment required

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

Chance Winters 281.689.1604
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

Dora's Dawgs and Katz

Deanna Robinson 817.905.5575
22501 Loop 494 Suite 125
Kingwood, TX 77339
Appointment Required



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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: _____.

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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