PULASKI COUNTY DISTRICT COURT

COMMUNITY SERVICE WORK TIME SHEET

Special Services Department
3001 W. Roosevelt Rd., Little Rock, Arkansas 72204

Phone: 1(501) 340-6836 Fax: 1(501) 340-6788

Please make copies of this form if more space is needed.

DEFENDANTS NAME: _____ CASE #: _____

DATE OF BIRTH:_____ REVIEW DATE : ____/____/____ 8:30AM

DATE	TIME IN	TIME OUT	TOTAL HOURS	VERIFICATION

TOTAL AMOUT OF FINE$ _____ TOTAL HOURS REQUIRED: _____

TOTAL NUMBER OF HOURS REQUIRED FOR PROBATION/SENTENCE: _____

AGENCY: _____

ADDRESS: _____

CONTACT INFO: _____ PHONE: _____

NOTE: It is ***YOUR RESPONSIBILITY*** to get this form filled out and returned to our office to confirm that you have completed the correct amount of community service hours required.

THIS FORM MUST BE TURNED IN AT LEAST TWO WEEKS BEFORE YOUR REVIEW DATE.