# Teen Court

## Public Service Program Time Sheet

TC# _____

Hearing Date _____

NAME:_____

CASE #_____

HOURS REQUIRED_____ BY _____

COMPLETION DATE _____

TYPE OF WORK PERFORMED_____

_____

_____

_____

COMMENTS _____

_____

_____

**FOR COMMUNITY SERVICE AGENCY USE ONLY:**

_____
SIGNATURE OF SUPERVISOR

_____
SUPERVISOR TITLE

_____
AGENCY NAME

_____
AGENCY PHONE NUMBER

| DATE | TIME IN | TIME OUT | HOURS |
|---|---|---|---|
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| | | | |
| | | TOTAL HOURS | |

Please fill out this form and return it to:
**Referral Agency:** Teen Court
c/o Municipal Court
PO Box 2169
Colorado Springs, CO 80901-2169

Phone: (719) 475-7815
Fax: (719) 385-6202

White copy to Teen Court / Yellow copy to Defendant

Pink copy to Community Service Organization