

DEFENDANT'S NAME: \_\_\_\_\_

CAUSE NUMBER(S): \_\_\_\_\_

### Amarillo Municipal Court Community Service Record of Hours

COMMUNITY SERVICE

COMMUNITY SERVICE/DEFERRED

\_\_\_\_\_ has been assigned to perform \_\_\_\_\_ total hours of community service completed by \_\_\_\_\_, with progress to be submitted \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_.

---

**(BELOW TO BE COMPLETED BY NON-PROFIT AGENCY/CHURCH)**

I, \_\_\_\_\_, certify that \_\_\_\_\_ hours of Community Service were Satisfactorily completed by the above named individual.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Agency

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Agency Mailing Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip

(Court must be able to contact the agency and verify hours worked)

---

**(BELOW TO BE COMPLETED BY DEFENDANT)**

I, \_\_\_\_\_, certify that I have satisfactorily completed \_\_\_\_\_ hours of Community Service.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**PLEASE NOTE:**

**ONLY THE HOURS RECORDED ON THE AMARILLO COMMUNITY SERVICE RECORD OF HOURS FORM WILL BE CREDITED AGAINST HOURS ASSIGNED. THE FRONT AND BACK OF THE LOG MUST BE COMPLETED. FAILURE TO COMPLETE THE LOG AS INSTRUCTED MAY RESULT IN REFUSAL BY THE COURT TO ACCEPT THE HOURS PRESENTED. YOU MUST WORK HOURS – YOU MAY NOT RECEIVE CREDIT FOR DONATIONS. COMMUNITY SERVICE HOURS MUST BE PERFORMED AT AN AGENCY APPROVED BY THE COURT.**

