

Hocking County Municipal Court
(740)380-6818 Phone (740)380-1823 Fax
COMMUNITY SERVICE
CHECK SHEET

Defendant's Name: _____ Case Number: _____

Defendant must complete _____ hour(s) community service in lieu of jail. This sheet is to be maintained by the defendant and faxed, mailed, or brought into the probation office on a weekly basis.

Date: ____/____/____ No. of hour's _____ Date: ____/____/____ No. of hour's _____

Location: _____ Location: _____

Supervisors Signature (Remember, if this line is not Signed each time, your hours are not logged.) _____ Supervisors Signature _____

Date: ____/____/____ No. of hour's _____ Date: ____/____/____ No. of hour's _____

Location: _____ Location: _____

Supervisors Signature _____ Supervisors Signature _____

Date: ____/____/____ No. of hour's _____ Date: ____/____/____ No. of hour's _____

Location: _____ Location: _____

Supervisors Signature _____ Supervisors Signature _____

Date: ____/____/____ No. of hour's _____ Date: ____/____/____ No. of hour's _____

Location: _____ Location: _____

Supervisors Signature _____ Supervisors Signature _____

Date: ____/____/____ No. of hour's _____ Date: ____/____/____ No. of hour's _____

Location: _____ Location: _____

Supervisors Signature _____ Supervisors Signature _____

Date: ____/____/____ No. of hour's _____ Date: ____/____/____ No. of hour's _____

Location: _____ Location: _____

Supervisors Signature _____ Supervisors Signature _____

Remember you must perform 8 hours of community service a week if you are employed and 40 hours a week if you are unemployed. Each entry must be completed in full for those hours to count towards your obligation.