

**THE DISTRICT COURT OF WASHINGTON
FOR THE COUNTY OF GRANT**

THE STATE OF WASHINGTON **Plaintiff,**
vs.
_____ **Defendant.**

No. _____

Community Service Time Sheet

COMMUNITY SERVICE MUST BE PERFORMED AT APPROVED COMMUNITY SERVICE SITES. A LIST OF AVAILBABLE SITES CAN BE OBTAINED AT GRANT COUNTY DISTRICT COURT

SUPERVISOR NAME: _____ **PHONE NUMBER:** _____

SITE NAME AND LOCATION: _____

TOTAL HOURS DUE: _____

DATE	HOURS WORKED	TYPE OF WORK	DATE	HOURS WORKED	TYPE OF WORK

TOTAL HOURS WORKED: _____

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct, and that I performed community service on the dates and for the hours stated above.

Date and Place

Signature of Defendant

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct, and that the person named above performed community service on the dates and for the hours stated above.

Date and Place

Signature of Immediate Supervisor