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 AVAILABLE SITES CAN BE OBTAINED AT GRANT COUNTY DISTRICT COURT.

PRIVATE BUSINESSES AND INDIVIDUALS ARE NOT APPROVED SITES.

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. **I understand that if I submit this form with false information that I will be subject to prosecution for perjury which is a class B felony.**

_____ _____
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