



Defendant Name: _____

Case number: _____

Lochbuie Municipal Court
703 Weld County Road 37
Lochbuie, CO 80603
Phone: 303.655.9308 Fax: 303.655.9312
Email: csanchez@lochbuie.org

COMMUNITY SERVICE HOURS TRACKING SHEET*

Community Service hours MUST be completed at a **non-profit agency only.*

Hours of service ordered: _____ to be completed by (date): _____

DATE	TIME IN	TIME OUT	TOTAL HOURS	SERVICE AGENCY	AGENCY SUPERVISOR NAME (PRINT)	AGENCY SUPERVISOR SIGNATURE	AGENCY PHONE

Signature of defendant: _____ Signature of parent (if defendant is a minor) _____

This form must be completed and returned to the Clerk of the Court by the date due in order to receive credit for service hours completed.

Court Clerk signature: _____ Date received: _____