

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.**