

SNOHOMISH COUNTY DISTRICT COURT COMMUNITY SERVICE TIME SHEET

Name: _____ Court order date: _____

Total hours assigned: _____ Due by noon on this date: _____

It is YOUR responsibility to ensure this document is filed by email OR by fax OR in person no later than noon on the due date

Phone: (425) 262-2439

Fax: (425) 388-6397

Email: SDC-MentalHealthCourt@co.snohomish.wa.us

SITE SUPERVISOR: If there are any questions or if the client shows unsatisfactory attitude or performance, please contact Rebecca Partington using the contact information listed above.

Work Site (one work site per page)	_____					
Date	Time In	Time Out	Hours Worked	Type of work completed	Client Initials	Supervisor Initials
Supervisor Comments: _____						

Supervisor's Oath

I, supervisor _____, declare under penalty of perjury under the laws of the State of Washington, that the foregoing is true and correct to the best of my knowledge.

Supervisor Signature

Supervisor Phone Number

Date

Client Signature: _____ Date: _____

Total Hours Completed: _____

This form is available for download here: <https://snohomishcountywa.gov/DocumentCenter/View/63461/Community-Service-Time-Sheet>