



**Celina Municipal Court**  
 142 N. Ohio Street, Celina, TX 75009  
 P (972) 382-2962

**COMMUNITY SERVICE WORK LOG**

Name: \_\_\_\_\_ Citation/Case No.: \_\_\_\_\_

Total Hours Required: \_\_\_\_\_  NON-PROFIT  ALCOHOL-RELATED Date Due: \_\_\_\_\_

DATE	# HOURS WORKED	DESCRIPTION OF WORK PERFORMED	SUPERVISOR INITIALS
TOTAL HOURS WORKED			

**Signature & Title of person verifying community service work:**

\_\_\_\_\_  
(Signature / Title) (Date)

**Defendant Signature:**

\_\_\_\_\_  
(Defendant Signature)

**Organization Name:** \_\_\_\_\_

**Address of Organization:** \_\_\_\_\_

(Street #) (Street)

\_\_\_\_\_  
(City / State / ZIP)

**Phone Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

This form **MUST** be returned to the Celina Municipal Court by Community Service Hours completion date ordered by the Court in order to be considered. **INCOMPLETE FORMS WILL BE DENIED.**



- Verify you have entered your name and citation/case number.
- Verify you have completed the number of hours ordered by the Judge.
- Verify this form is signed by the community service organization and the address and phone number are complete.
- Verify you, the defendant/worker, signed this form.