



Colorado Springs Teen Court

Youth/TC#: _____

Start Date: _____

Community Service Time Sheet

Name: _____

Case #: _____

Hours Required: _____ By: _____

Please fill out this form and return it to:

Forge Evolution

P.O. Box 2169

Colorado Springs, CO, 80901-2169

Phone: 719-475-7815 Fax: 719-385-6202

Email: info@forgeevolution.org

LOCATION A	LOCATION B	LOCATION C
AGENCY NAME:	AGENCY NAME:	AGENCY NAME:
AGENCY PHONE NUMBER:	AGENCY PHONE NUMBER:	AGENCY PHONE NUMBER:
SUPERVISOR NAME:	SUPERVISOR NAME:	SUPERVISOR NAME:
SUPERVISOR TITLE:	SUPERVISOR TITLE:	SUPERVISOR TITLE:
SUPERVISOR SIGNATURE:	SUPERVISOR SIGNATURE:	SUPERVISOR SIGNATURE:

Each individual shift must be recorded. Hours must be completed at a NONPROFIT ORGANIZATION.

LOCATION							
DATE							
TIME IN							
TIME OUT							
HOURS							

White copy to Forge Evolution/Yellow copy to Participant/Pink copy to Organization

TOTAL HOURS:

--