IN THE JUVENILE COURT OF JEFFERSON COUNTY, TENNESSEE

COMMUNITY SERVICE TIMESHEET

Docket #: _____

Juvenile ID #: _____

Name: _____ Date Assigned: _____

Number of Hours Assigned: _____ Return Date: _____

Place Work Is Being Performed: _____

Work Supervisor(s): _____ Phone No.: _____

This form should be given to a supervisor at your community service worksite and is to be completed by that supervisor as the work is performed. It is your responsibility to see that the form is completed and signed by your supervisor. If you should lose this form, you must contact the Juvenile Court Services office at 397-2906. You will be required to repeat any work that may have been previously done and posted on a lost form. *Should you choose to work at more than one site, please make copies of this form and make sure that each form is completed and signed by that particular supervisor*.

YOU MUST COOPERATE FULLY WITH YOUR WORK SUPERVISOR. IF YOU DO NOT COOPERATE AND ARE TERMINATED FROM YOUR SELECTED COMMUNITY SERVICE WORK SITE, YOU MUST CONTACT THE JUVENILE COURT SERVICES OFFICE AT 397-2906. *AFTER COMPLETION OF YOUR ASSIGNED WORK HOURS, YOU MUST RETURN THIS FORM TO THE JUVENILE COURT SERVICES OFFICE* IN THE JEFFERSON COUNTY JUSTICE CENTER. You may turn in the form at the Juvenile Court's business window or you may mail in the completed form to *Attn: Juvenile Court Services, P.O. Box 1721, Dandridge, TN 37725*.

TO THE PARENT OR GUARDIAN:

I, the undersigned and legal guardian of said juvenile, do hereby relieve any community service placement of said child, for the purpose of performing his/her community service work, of any and all liability for any acts or injuries that may occur as a result of any acts or actions of said child.

_____ _____

Parent / Guardian Signature ***Date***

Date of Work	Time Arrived	Time Departed	Hours Worked	Intials of Supervisor

Total Hours Worked On This Timesheet = _____

_____ _____

Signature of Supervisor *(Please include comments on back, if desired)* Date