

**SARPY COUNTY  
COURT REFERED COMMUNITY SERVICE**  
1210 Golden Gate Dr. Ste 2109  
Papillion, Ne 68046

\_\_\_\_\_  
**NAME**

**Community Service Hours Ordered** \_\_\_\_\_

Your cooperation is solicited in helping the above individual fulfill certain conditions stipulated by the Court. Please indicate the number of hours completed on each date.

Sign the card and furnish a phone number where you can be reached during the day for verification purposes.

**CARD MUST BE TURNED IN BY COMPLETION**

**DATE OF \_\_\_\_\_ TO RECEIVE CREDIT**

**Thank You**

**ADULT COMMUNITY SERVICE  
(402) 593-4371**

Rev. 10/04

**Community Service Time Card**

DATE	HOURS COMPLETED	PLACEMENT	SUPERVISOR'S SIGNATURE	PHONE NO.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				