

# 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](mailto: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>