



COMMUNITY SERVICE TIMESHEET

Defendant's Name: _____

Hours to complete: _____ Date to be completed by: _____

Upon completion, please return this **signed** form to the Excelsior Springs Municipal Court at 301 S Main St, Excelsior Springs, MO 64024 *or* deliver in person Monday – Friday from 8:00 a.m. - 4:00 p.m. **by the due date listed above.**

Community Service Agency: _____

Agency phone number: _____

DATE	HOURS WORKED	SUPERVISOR'S INITIALS

Supervisor's Name: _____

Supervisor's Signature: _____

Excelsior Springs Municipal Court
301 S Main Street
Excelsior Springs, MO 64024
816.630.0209 phone
816.630.4104 fax