

# COMMUNITY SERVICE TIMESHEET



Defendants Name: \_\_\_\_\_

# of hours Ordered: \_\_\_\_\_ Date to be completed by: \_\_\_\_\_

1. Please fill in all the blanks and return to Ellisville Municipal Court, 37 Weis Ave, Ellisville, MO 63011.
2. Include, on official letterhead, supervisors contact information, or provide official business card of supervisor.
3. Community Service hours **must** be submitted to the Court by the date given.

Community Service Agency:

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Date:	Hours Worked:	Supervisors Initials:

Ellisville Municipal Court  
37 Weis Ave  
Ellisville, MO 63011  
Telephone 636-227-3729  
Facsimile 636-227-7744  
[www.ellisville.mo.us](http://www.ellisville.mo.us)