PUEBLO OF ISLETA TRIBAL COURT - COMMUNITY SERVICE LOG

NAME: _____ PHONE NO.:_____ CASE NO. _____

TOTAL # OF HOURS OWED: _____ DEADLINE: _____ JUDGE: _____

Directions: Complete this form each time you perform community service. The Court will verify that this information is accurate. **If the Court determines that the information reported has been tampered with or falsified you could be held in contempt.** When ALL of your hours are complete, submit this form to the Court. It is YOUR responsibility to make sure the Court receives this form. Keep a copy for your records. If you owe community service for more than one case you must use a separate form. **Read and sign the Rules and Waiver on the back side of this page.**

Date	# of Hours Worked	Name of Agency/Event	PRINT Name of Supervisor	SIGNATURE of Supervisor

I certify that the above information is true and accurate. ***Signature of Defendant*** _____