_____hrs or $_____

by _____

Mason Municipal Court
5950 S. Mason Montgomery Rd
Mason, Ohio 45040

Phone: (513) 398-3678 Fax: (513) 701-6143

COMMUNITY SERVICE WORKSHEET

All community service **must be completed with a nonprofit organization**. If you are unsure whether an organization will be approved, **contact your supervising officer before beginning your service**.

WARNING

Falsifying any information on this official court document could result in prosecution of parties involved for contempt of court and/or Tampering with Evidence (O.R.C. 2921.12).

Defendant: _____ Case No.: _____

Agency Name: _____ Phone No.:_____

Supervisor Name: _____ Title: _____

Date Worked	Hours Worked	Work Performed	Supervisor Signature
Total Hours Worked			

Cc: Probation _____