



**TEEN COURT**  
 A program of *Crisis Center, Inc.*  
**COMMUNITY SERVICE RECORD**  
 www.crisiscenterysb.org/teencourt



**RESPONDANT'S NAME** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_

**HOME TELEPHONE** \_\_\_\_\_

**NAME OF COMMUNITY SERVICE SITE** \_\_\_\_\_

**ADDRESS OF COMMUNITY SERVICE SITE** \_\_\_\_\_

**SUPERVISOR/CONTACT PERSON** \_\_\_\_\_

**TELEPHONE NUMBER** \_\_\_\_\_

**HOURS ASSIGNED:** \_\_\_\_\_

**DUE DATE** \_\_\_\_\_

| Date | Time | Time out | Hrs. Work | Hrs. Left | Supervisor Initials |
|------|------|----------|-----------|-----------|---------------------|
|      |      |          |           |           |                     |
|      |      |          |           |           |                     |
|      |      |          |           |           |                     |
|      |      |          |           |           |                     |
|      |      |          |           |           |                     |
|      |      |          |           |           |                     |
|      |      |          |           |           |                     |

**PLEASE COMMENT ABOUT THE TEEN'S WORK PERFORMANCE BELOW:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SUPERVISOR SIGNATURE** \_\_\_\_\_

**IF THERE ARE ANY QUESTIONS OR CONSERNS PLEASE CONTACT THE TEEN COURT OFFICE, GAVIN MARIANO AT (219) 938-7070 (ext 2707)**

**\* COMMUNITY SERVICE CAN NOT BE COMPLETED IN A PERSONS HOME, A FOR-PROFIT BUSINESS, OR CHURCH.**