CITY OF KILLEEN

MUNICIPAL TEEN COURT

Juvenile Community Service Time Sheet

Defendant's Name:_____

Organization Name: Non-Profit/_____

Supervisor's Name:_____

Completion Date:_____ Number of hours Assigned:_____

Date	Time In	Time Out	Supervisor's Signature	# Hours

Juvenile Case Managers **Email**: cok-jcm@killeentexas.gov

Mrs Collison - Office: (254) 501-7657

Mr Sturgeon - Office: (254) 501-7866 Cell: (254) 226-1297

Date	Time In	Time Out	Supervisor's Signature	# Hours