

Community Service Restitution Time Card Initials and card # _____

DeKalb County Community Corrections
1000 Potter Drive PO Box 6049
Auburn, Indiana 46706
WWW.CO.DEKALB.IN.US/DCCC

E-Mail: dccc@co.dekalb.in.us
Fax: 260-927-4779
Phone: 260-333-0710

Cause Number: _____

-
- I am solely responsible for maintaining this record of my community service hours.
 - If I should lose this time card, I will forfeit any hours I have accumulated and recorded on this card.
 - The non-profit agency supervisor or crew supervisor must sign this card each time. Community service hours may not be supervised by a relative or completed through employer.
 - Any person signing this card falsely shall be immediately terminated from the program. Termination from the program could result in jail time.
 - This card shall be presented to the DeKalb Community Corrections Dept. once per month via e-mail, fax, mailed, or hand-delivered. Strongly suggest you call to verify receipt of time card if not hand-delivered.
 - All community service hours must be documented on a Community Service Restitution time card.
-

Name

Date Assigned

of CS Hours Assigned

Date to be complete and turned in

*****Community Service Time Cards MUST be turned in once per month.*****

****Must be filled in on date timecard is being turned in to DCCC****

DATE: _____ Fee paid: Yes No

NAME: _____

Current Address: _____
Street City State Zip

Current Phone Number: _____

Record of Community Service Restitution Work Hours

Non-Profit Agency supervisor or crew supervisor must sign each entry.

****MUST BE ACTUAL HOURS---NO CREDIT TIME****

1.) Date: _____ In Time: _____ AM/ PM Out Time: _____ AM/PM

Work Description: _____ Agency Name: _____

Agency Phone Number: _____ Agency Address: _____

Supervisor Signature: _____

2.) Date: _____ In Time: _____ AM/ PM Out Time: _____ AM/PM

Work Description: _____ Agency Name: _____

Agency Phone Number: _____ Agency Address: _____

Supervisor Signature: _____

3.) Date: _____ In Time: _____ AM/ PM Out Time: _____ AM/PM

Work Description: _____ Agency Name: _____

Agency Phone Number: _____ Agency Address: _____

Supervisor Signature: _____

4.) Date: _____ In Time: _____ AM/ PM Out Time: _____ AM/PM

Work Description: _____ Agency Name: _____

Agency Phone Number: _____ Agency Address: _____

Supervisor Signature: _____

5.) Date: _____ In Time: _____ AM/ PM Out Time: _____ AM/PM

Work Description: _____ Agency Name: _____

Agency Phone Number: _____ Agency Address: _____

Supervisor Signature: _____

Total Hours Completed on this card: _____

**For DCCC staff only: Entered by _____ date entered _____