

LONGVIEW TEEN COURT, INC.

P.O. Box 3895 • Longview, TX 75606 • 903-237-2736 • www.longviewteencourt.org

NAME: _____

COMMUNITY SERVICE RESTITUTION LOG

This form must be taken with the Defendant to all community service sites and signed by a supervising adult. When the total number of community service hours are completed, it is the responsibility of the Defendant to return this form to the Longview Teen Court, Inc. office prior to the completion date.

DATE	AGENCY	TIME-IN	TIME-OUT	TOTAL HOURS	SUPERVISOR'S NAME	SUPERVISOR'S PHONE NUMBER

Total: _____

*IN CASE OF AN EMERGENCY, the following statement **MUST** be completed prior to attending a community service restitution site.*

I, _____ (parent's name), hereby give permission to Longview Teen Court, Inc. and/or community service agency to call or obtain the services of a physician or hospital for medical or surgical care for _____ (youth's name) should an emergency arise. I understand that a conscientious effort will be made to locate a parent or guardian before any action will be taken.

Parent/Guardian signature: _____

Phone #: _____ Work/Cell Phone #: _____

Preferred physician: _____ Phone #: _____

****** If the portion above is not filled out when you attend a community service agency then you the Defendant will receive an additional hour of community service.**