

Tomball Emergency Assistance Ministries

Court-Ordered Community Service

Date _____

Name _____

DOB ____/____/____

Will your volunteer work be part of Court-Ordered Community Service?

Total Hours of Community Service Required: _____

What Date is your Community Service to be completed: _____

What is your charge : _____

Is your charge a: Misdemeanor _____ Felony _____

Probation Officer or Court Contact _____

Contact Phone Number _____

Contact Email _____