

RICHMOND ADULT DRUG TREATMENT COURT PROGRAM

Community Service Form

Drug Court fax # (804) 646-3738

Name: _____

Treatment Phase: Evaluation First Second Third Aftercare

1. Purpose for CS: Phase Movement In-House Sanction Court Sanction Court Fines Supplement Work Hours

Date Worked: _____ Hours Completed: _____ Time started: _____ AM/PM Time ended _____ AM/PM

Location of Community Service: _____

Task Completed: _____

Person Supervising Community Service: _____ Contact# () _____

2. Purpose for CS: Phase Movement In-House Sanction Court Sanction Court Fines Supplement Work Hours

Date Worked: _____ Hours Completed: _____ Time started: _____ AM/PM Time ended _____ AM/PM

Location of Community Service: _____

Task Completed: _____

Person Supervising Community Service: _____ Contact# () _____

3. Purpose for CS: Phase Movement In-House Sanction Court Sanction Court Fines Supplement Work Hours

Date Worked: _____ Hours Completed: _____ Time started: _____ AM/PM Time ended _____ AM/PM

Location of Community Service: _____

Task Completed: _____

Person Supervising Community Service: _____ Contact# () _____

4. Purpose for CS: Phase Movement In-House Sanction Court Sanction Court Fines Supplement Work Hours

Date Worked: _____ Hours Completed: _____ Time started: _____ AM/PM Time ended _____ AM/PM

Location of Community Service: _____

Task Completed: _____

Person Supervising Community Service: _____ Contact# () _____

5. Purpose for CS: Phase Movement In-House Sanction Court Sanction Court Fines Supplement Work Hours

Date Worked: _____ Hours Completed: _____ Time started: _____ AM/PM Time ended _____ AM/PM

Location of Community Service: _____

Task Completed: _____

Person Supervising Community Service: _____ Contact# () _____

6. Purpose for CS: Phase Movement In-House Sanction Court Sanction Court Fines Supplement Work Hours

Date Worked: _____ Hours Completed: _____ Time started: _____ AM/PM Time ended _____ AM/PM

Location of Community Service: _____

Task Completed: _____

Person Supervising Community Service: _____ Contact# () _____

7. Purpose for CS: Phase Movement In-House Sanction Court Sanction Court Fines Supplement Work Hours

Date Worked: _____ Hours Completed: _____ Time started: _____ AM/PM Time ended _____ AM/PM

Location of Community Service: _____

Task Completed: _____

Person Supervising Community Service: _____ Contact# () _____

	Attendance	Attitude	Performance	Compliance	Other
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
CODE: Outstanding = O	Average = A	Poor = P	Improved = I	Call RADTC= C	

COMMENTS: _____

PROBLEMS, CALL MS. GLORIA JONES, COORDINATOR for RICHMOND ADULT DRUG TREATMENT COURT 646-3756