ADULT DRUG COURT SAMPLE COMMUNITY SERVICE FORMS

Las Vegas
P.O. Box 1540
Las Vegas, NM 87701
P: (505) 425-7281
F: (505) 454-8611

Santa Rosa
420 Parker Avenue, Suite 5
Santa Rosa, NM 88435
P: (505) 472-3888
F: (505) 472-4451

OFFICE OF THE FOURTH JUDICIAL DISTRICT COURT CLERK
(SAN MIGUEL, GUADALUPE & MORA)

ADULT DRUG COURT

COMMUNITY SERVICE PROGRAM

Contact Person:____Anna Lujan_____
Telephone Number :____(505) 425-7281_x 34_____

Defendant: _____
Docket #:_____
Participating (Organization) (Agency):_____

Total Community Service Hours Assigned: _____
_____ Sanctioned _____ MRT

DATE	HOUR IN	HOUR OUT	TOTAL

TOTAL HOURS _____

After completions of community service, please sign and date this form and return to the San Miguel District Court to indiacte that the defendant has completed the assigned hours. If the Child has not successfully completed community service, please contact the court immediately.

_____ _____ _____
Supervisor/Director Signature **Telephone Number** **Date**