Teen Court of Lenoir County

Community Service Log

Participant Name:				
Hours Assigned:				
Parent/Guardian Name:				
Phone:				
Community Service Site:				
Contact Person:				
Phone:				
Date:		Hours:		Verified by:
Date.		110013.		vermed by.
			•	
What activities were assigned to t	he wouth?			
what activities were assigned to t	ne youn:			
Comments:				
Supervisor's Signature			Dat	e
Please send completed forms to:				
Teen Court of Lenoir County		Phone: 252.523.5576		
P.O. Box 3708		Fax: 252.208.1614		

P.O. Box 3708 Kinston, NC 28502

 $\hbox{E-Mail: teen court@prevention and treatment center.org}\\$