

## **IMPORTANT NOTICE TO TREATMENT COURT CLIENT:**

This <b>Employmen</b>	nt Verification Time	esheet for Self Employed Business Owners is an official court document
		cial court record. Providing false information on any part of this document
could result in a	charge of perjury o	or other legal action against you. By initialing below, you acknowledge that
you have read ar	nd understand the	foregoing. () Treatment Court Client's Initials
Name of Client/	Name of Business	Business License #
	Week of	
Sunday (	): Hours worked:	
Job Cont	act Info (including	name, address and phone number) and Description of Job:
Monday (	): Hours worked:	
Job Cont	act Info (including	name, address and phone number) and Description of Job (if different):
Tuesday (	): Hours worked:	
Job Cont	act Info (including	name, address and phone number) and Description of Job (if different):
Wednesday (	): Hours worke	ed:
Job Cont	act Info (including	name, address and phone number) and Description of Job (if different):
Thursday (	): Hours worked:	i
Job Cont	act Info (including	name, address and phone number) and Description of Job (if different):

Friday (	): Hours worked:
Job (	Contact Info (including name, address and phone number) and Description of Job (if different):
Saturday (	): Hours worked:
Job (	Contact Info (including name, address and phone number) and Description of Job (if different):