



Augusta Judicial Circuit
Administrative Office of the Courts

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Honorable James G. Blanchard, Jr.
Superior Court Judge

WORK DETAIL FORM

Date: _____ Participant's Name: _____

All drug court participants must complete work detail hours as sanctioned by the court. Proof of the verification form must be submitted **NO LATER THAN** the deadline assigned on sanction form. Failure to complete the assigned WD hours by the deadline will result in 24 hours jail for every 3 hours of CS not completed. **Community service hours DO NOT count toward sanctioned work detail hours and can only be completed at one of the following approved vendors. Incomplete forms will not be accepted.**

{Participant Initials} I ACKNOWLEDGE THAT FAILURE TO COMPLETE WORK DETAIL HOURS OR FAILURE TO TURN IN THE WORK DETAIL VERIFICATION FORM BY THE DUE DATE WILL RESULT IN ADDITIONAL SANCTIONS.

Richmond County Marshal's Office
3050 Deans Bridge Rd, Augusta, GA 30906
Phone:(706) 772-5623

Columbia County Animal Services
1940 William Few Pkwy Grovetown, GA 30813
Phone:(706) 541-4077

Augusta-Richmond County Landfill
4330 Deans Bridge Rd, Blythe, GA 30805
Phone:(706) 592-3200

City of Augusta Animal Services (Weekends ONLY)
4164 Mack Ln, Augusta, GA 30906
Phone:(706) 790-6836

Date Work Detail Hours were completed: _____

Place where Work Detail was completed: _____

Description of Work Detail Activity (Type of work completed): _____

I have been assigned _____ work detail hours to be completed no later than _____.

Case Manager Signature: _____

Participant's Signature: _____

To be Completed by a Work Detail Representative Only

Start Time: _____ End Time: _____ Hours Completed: _____

Verified by: _____ / _____
Printed Name Signature

WORK DETAIL FORMS MUST BE TURNED IN BY 7 PM MONDAY TO AJCDCWD@GMAIL.COM IN ORDER TO RECEIVE CREDIT