

MONTHLY SUPERVISION REPORT - _____ COUNTY

COMMUNITY SUPERVISION OFFICER

NAME: _____ HOME PHONE: _____ CELL PHONE: _____

PHYSICAL ADDRESS: _____ CITY, STATE, ZIP: _____

MAILING ADDRESS: _____ CITY, STATE, ZIP: _____

(If Different From Physical Address)

____ Check If New Address

WHO IS LIVING WITH YOU? _____

ARE YOU WORKING? YES/NO TYPE OF WORK: _____ WAGES: _____ WORK SCHEDULE: _____

NAME, ADDRESS, & TELEPHONE NUMBER OF EMPLOYER: _____

YOU WILL NEED TO PROVIDE A COPY OF YOUR PAYCHECK STUB TO YOUR SUPERVISION OFFICER

DOES YOUR EMPLOYER/SUPERVISOR KNOW YOU ARE ON PROBATION? YES/NO

IF NOT WORKING, WHEN WAS THE LAST DAY YOU WERE EMPLOYED? _____

IF YOU ARE NOT WORKING, OR HAVE CHANGED JOBS, PLEASE EXPLAIN WHY: _____

DO YOU RECIEVE: FOOD STAMPS \$ _____ SOCIAL SECURITY \$ _____
AFDC \$ _____ SPOUSE'S INCOME \$ _____
CHILD SUPPORT \$ _____ PENSION \$ _____
OTHER \$ _____

DO YOU HAVE A VALID DRIVER'S LICENSE? YES / NO

IF YOU DRIVE OR OWN A CAR, PROVIDE THE FOLLOWING INFORMATION:

MAKE/MODEL: _____ YEAR: _____ COLOR: _____ LICENSE PLATE: _____

HAVE YOU VIOLATED ANY CONDITIONS OF PROBATION? YES / NO IF YES, EXPLAIN:

WERE YOU ARRESTED OR QUESTIONED BY A POLICE OFFICER DURING THE LAST MONTH AND/OR SINCE YOUR LAST REPORT? Yes / No IF YES, EXPLAIN:

HAVE YOU CONSUMED ANY ALCOHOL OR USED ANY TYPE OF DRUG SINCE YOUR LAST REPORT? YES / NO IF YES, EXPLAIN::

HAVE YOU ATTENDED ALL GROUPS/PROGRAMS ASSIGNED BY YOUR SUPERVISION OFFICER? YES / NO IF NO, EXPLAIN: _____

ARE YOUR PAYMENTS TO THE COURT AND PROBATION UP TO DATE? YES / NO IF NO, EXPLAIN: _____

OFFICER COMMENTS: _____

Sign: _____ Date: _____