

Probation Monthly Report

REPORTS ARE DUE ON THE 15TH OF EACH MONTH

Probation Officer: David Oblak			
Probationer's Name:		Case #:	
Address: (# and Street) (Apt or Lot#) (City, State, Zip)		Telephone #:	
Is this address and/or phone number new (circle one)? YES NO			
Name & address of employer/training/school: What is your specific job/training/school program?		Contact person & telephone #:	
Does your employer/trainer/teacher know you are on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No		What hours do you work/train or attend school?	
Hourly rate or salary: \$		What is the source of your income?	
Are you currently enrolled in a treatment program? <input type="checkbox"/> Yes <input type="checkbox"/> No Date last attended:		Name & address of program:	
Do you own a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you drive a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Make & model of vehicle:	
Year: Color:	License plate #:	Are you on random drug and/or alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of last test and result:	
Amount paid to court since last report: \$	Balance owed: \$	Court Costs Paid in Full? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for not being current on fines & costs:
Attending AA/NA? <input type="checkbox"/> Yes <input type="checkbox"/> No How often _____? Proof provided today? <input type="checkbox"/> Yes <input type="checkbox"/> No	Victim Impact Panel completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Community service: _____ Hrs completed _____ Hrs remaining	Jail Work Program: _____ Days completed _____ Days remaining
Have you been arrested or had any contact with the police since your last Report? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
Anything additional you'd like your Probation Officer to know:			
Falsification of the above information may result in initiation of Revocation Proceedings.			
_____ Signature of Defendant (may be typed)		_____ Date	