

OFFICE

HOME VISIT

MAIL

HAND DELIVERED

PROBATION REPORT

1. Name: _____ Phone Number: _____
Address: _____ City: _____
Others living in the home: _____

2. Are you working?: _____ Where?: _____
Shift: _____ Job title or duties: _____
Average hours worked per week: _____ Wages: _____
Have you missed work?: _____ When/ Why?: _____

3. Other income (indicate amount received): ADC: _____ Food stamps: _____
Rent assistance: _____ SSI/ Disability: _____ VA: _____
Unemployment: _____ Spouses: _____ Other: _____

4. Are you attending school?: _____ Where?: _____
Part time [] Full time [] Any problems?: _____

5. Do you own or drive a vehicle?: _____ Do you have a valid license?: _____
Vehicle year: _____ Make: _____ Model: _____ Color: _____
License plate number: _____ State: _____

6. Are your fines, costs, restitution or probation fees paid?: _____
Date and amount of last payment: _____ Amount still owed: _____

7. Are you attending counseling or treatment?: _____ Where: _____
Last appointment: _____ Next appointment: _____

8. Have you been arrested, ticketed, or charged with any new offenses since your last report?: _____ Where?: _____
Charge (s): _____ Court date: _____

9. Who have you spent most of your time with since your last report?: _____

10. Are you having any problems?: _____ Explain: _____

11. Have you provided proof of address this month?: _____ Employment: _____

DATE: _____

SIGNATURE: _____