

OFFICE

HOME VISIT

MAIL

HAND DELIVERED

PROBATION REPORT

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

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

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

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

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

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

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

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

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

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

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

DATE: _____ SIGNATURE: _____

YOUR NEXT APPOINTMENT WILL BE

Date: _____ Time: _____ Office/ Home Visit/ Court/ Mail

You must provide address and employment verification at each report along with any other verifications your probation officer instructs you to bring.

ADDRESS VERIFICATION

If you do not have a household bill, rent receipt or post-marked envelope for address verification please have a household member sign below.

Signed: _____ Date: _____ Relationship to probationer: _____

EMPLOYMENT VERIFICATION

If you are unable to provide a check stub, please have your employer complete the information below.

Number of days/ hours employee worked in the last pay period: _____

Net salary (take home pay) of employee in the last pay period: _____

Signature of employer: _____ Date: _____ Phone number: _____

Company name/ address: _____

VERIFICATION OF COUNSELING/ AA/ NA ATTENDANCE

AA/ NA members are asked to verify attendance at meetings on a hand carry basis. This is in keeping with the tradition of protecting the anonymity of other members. Each group may limit signatures to OPEN MEETINGS only.

Circle one from each line	Date	Location	Name/ Initials
AA/ NA/ Counseling	_____	_____	_____
AA/ NA/ Counseling	_____	_____	_____
AA/ NA/ Counseling	_____	_____	_____
AA/ NA/ Counseling	_____	_____	_____
AA/ NA/ Counseling	_____	_____	_____
AA/ NA/ Counseling	_____	_____	_____
AA/ NA/ Counseling	_____	_____	_____
AA/ NA/ Counseling	_____	_____	_____
AA/ NA/ Counseling	_____	_____	_____
AA/ NA/ Counseling	_____	_____	_____
AA/ NA/ Counseling	_____	_____	_____

Additional meetings/ counseling sessions may be listed on a separate sheet of paper.

CLASS ATTENDANCE/ GED VERIFICATION

If attending high school, please have a school official complete the following statement:
The probationer named on the front of this form has attended daily from _____ to _____.
(Please note any disciplinary/ grade/ attendance problems on school letterhead.)

Signed: _____ Title: _____ Date: _____

Verification of probationer attending GED/ Vocational classes:

Signed: _____ Title: _____ Date: _____

VERIFICATION OF PAYMENT OF COURT OBLIGATIONS

Please provide a copy of your payment receipt at each report.