

**ADULT PROBATIONER'S MONTHLY REPORT
MAIL THIS REPORT ON THE FIRST DAY OF THE MONTH**

MAIL REPORTS AND MAKE PAYMENTS BY MONEY ORDER OR CASHIER'S CHECK
(NO PERSONAL CHECKS WILL BE ACCEPTED)

Make Money Orders & Cashier Checks Payable To: CHIEF PROBATION OFFICER
P.O. BOX 1812, SANTA CRUZ, CA. 95061-1812

(No receipt issued unless a self-addressed, stamped envelope is enclosed. NO CASH BY MAIL.)

PROBATION CASE # _____ **Date:** _____

CIRCLE ANY SECTIONS CHANGED SINCE LAST REPORT **Cell Phone #:** _____

Name: _____ **D.O.B.:** _____ **Phone No.:** _____

Address (Residence - include Street & City.): _____

Mailing Address (If Different from Above - include Street & City.): _____

Zip Code: _____

With Whom Do You Live (Name and Relationship)? _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____

Number of Persons You Support, Including Yourself: _____

Amount of Rent Paid \$ _____ **or, House Payment \$** _____

EMPLOYMENT:

Your Job Title _____ **Employer's Name** _____

Employer's Address _____ **Phone No.:** _____

Source of Income: Social Security \$ _____ Welfare \$ _____ Disability \$ _____ Veteran's \$ _____

Unemployment Insurance \$ _____ **Employment \$** _____ **Other (Specify)** _____

Your Income Last Month \$ _____ **Family Income Last Month \$** _____

Number of Days Worked During Month _____ **Shift Worked** _____

Does Your Employer Know You Are on Probation ? _____

If Not Working, Give Reason & List Places You Have Sought Employment the Last Month on the Reverse Side of this form

I Drive the Following Vehicle (Year; Make; Model; License Number; Color; Owner) _____

Were You Questioned, Cited, Arrested, Jailed or in Court Since Last Report ? Yes _____ No _____

Where _____ **Charge** _____ **By Whom** _____

Outcome or Disposition _____

Amount Paid With This Report (If Ordered by the Court) \$ _____

If You Are Not Making a Payment This Month, Explain _____

IMPORTANT: IF YOU ARE REQUIRED TO ATTEND COUNSELING, PLEASE LIST THE PLACES AND DATES OF SUCH ATTENDANCE ON THE BACK OF THIS REPORT, ALSO LIST PRESCRIPTION MEDICATIONS.

Comments (Questions and Problems Regarding Family, Job, Probation, Etc.) Use Other Side of Form For Comments.

YOUR PROBATION OFFICER IS:

The above statements are true to the best of my knowledge

Phone: _____ **(Signature)** _____

Date	Meeting Name	Location	Secretary Signature	Date	Meeting Name	Location	Secretary Signature

List of Counseling			Places Sought Work			
Date	Name of Location		Date	Name of Company	Person Contacted	Job Applied for

PRESCRIPTION MEDICATIONS:

WHY NOT EMPLOYED:

COMMENTS: