

**Sixth Judicial District Department of Correctional Services
MONTHLY REPORT**

FORM 103A-06

While you are on supervision, you are required to submit a report once a month to your officer. You must complete this form accurately, truthfully, and completely. Failure to submit this form or complete it correctly is a violation of your supervision.

Please print clearly.

REPORTING MONTH: _____

Print NAME: _____

AGENT: _____

ADDRESS OF RESIDENCE: _____
Street & Unit # City State Zip

Is this address new? Yes No **Date of Change:** _____ **Reason for Change:** _____

MAILING ADDRESS (if different): _____
Street & Unit # City State Zip

PHONE NUMBER: _____ **CELL PHONE #:** _____ **EMAIL:** _____
include area code include area code

Is this a change in your phone numbers since your last report? Yes No **Reason for Change:** _____

MARITAL STATUS: (circle one) Common-law Divorced Married Single Widowed Separated

Is this a change in marital status? Yes No

List all Person who reside in your residence: _____
Name and include ages if under 18

Contact Person & phone number: _____
(in case of emergency) Name / Relationship include area code

EMPLOYER/SCHOOL: _____ **Address:** _____
Street & Unit # City State Zip

JOB STATUS: (circle one) Full-Time Part-Time Disabled Retired Seasonal Spot-Job Student Unemployed Welfare

Is this a change in employment/status? Yes No **Date of Change:** _____ **Reason for Change:** _____

Supervisor: _____ **Phone #:** _____ **Rate of Pay (hourly) \$** _____

Job Title: _____ **Work days** (circle): Mon Tues Wed Thurs Fri Sat Sun **Work hours:** _____

Did you miss any work/school since you last reported: Yes No **Explain:** _____

Amount of other income: (FIP, SSI, food stamps, unemployment, welfare, child support, odd jobs) _____

Bank: _____ **Saving? \$** _____ **Checking? \$** _____
Name/City Balance Amount Balance Amount

1. **Have you paid your monthly financial obligations of your case?** (Clerk of Court and Supervision Fees)
Yes No Paid in full If not explain: _____
2. **Have you completed your required community service and provided completed timesheets for verification?**
Yes Continue to submit monthly timesheets for hours completed Not required
3. **What action steps have you completed on your case plan since your last office visit?** _____
4. **List any treatment/groups you are currently involved in:** _____
Did you miss any? Yes No Why? _____
5. **List any new debts/loans since last report (auto, cash advance, credit, etc.)** _____
6. **Have you paid your child support?** Yes No N/A Explain: _____
7. **Have you had contact with ANY law enforcement since your last report?** Yes No
Explain: _____
8. **Have you had ANY violations of your probation that you have not yet reported?** Yes No
Explain: _____

I HEREBY CERTIFY THAT THIS REPORT IS TRUE, ACCURATE, AND COMPLETE.

Signature _____ Date: _____

OFFICE USE ONLY

| | SATISFACTORY | NEEDS IMPROVEMENT | VIOLATION |
|-----------------------------|---------------------|------------------------------|------------------|
| EMPLOYMENT/EDUCATION | | | |

(Full attendance, consisting of 32 hrs/wk; absences approved by employer & inform Office next contact; provide copies of paycheck stubs, or other verification)

| | | | |
|------------------------|--|--|--|
| TREATMENT GOALS | | | |
|------------------------|--|--|--|

(Substance Abuse/Mental Health/SOP/Day Programming/etc.)

| | | | |
|-----------------------------|--|--|--|
| FINANCIAL MANAGEMENT | | | |
|-----------------------------|--|--|--|

(Consistent payment toward bills, fees, restitution, & other obligations; provide verification as requested)

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|--------------------------------------|--|--|--|
| COMPANIONS / SOCIAL RELATIONS | | | |
|--------------------------------------|--|--|--|

(Associate with credible persons/places; avoid questionable companion/activities)

| | | | |
|--------------|--|--|--|
| OTHER | | | |
|--------------|--|--|--|

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|--|--|--|--|

Client's Signature

Date

Officer's Signature

Date
