

**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: _____				
<i>Street & Unit #</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
Is this address new? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Change: _____	Reason for Change: _____		
MAILING ADDRESS (if different): _____				
<i>Street & Unit #</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
PHONE NUMBER: _____	CELL PHONE #: _____	EMAIL: _____		
<i>include area code</i>		<i>include area code</i>		
Is this a change in your phone numbers since your last report? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Change: _____				
MARITAL STATUS: (circle one) Common-law Divorced Married Single Widowed Separated				
Is this a change in marital status? <input type="checkbox"/> Yes <input type="checkbox"/> No				
List all Person who reside in your residence: _____				
<i>Name and include ages if under 18</i>				
Contact Person & phone number: _____				
<i>(in case of emergency)</i>		<i>Name / Relationship</i>		<i>include area code</i>
EMPLOYER/SCHOOL _____ Address: _____				
		<i>Street & Unit #</i>	<i>City</i>	<i>State Zip</i>
JOB STATUS: (circle one) Full-Time Part-Time Disabled Retired Seasonal Spot-Job Student Unemployed Welfare				
Is this a change in employment/status? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____				
Amount of other income: (FIP, SSI, food stamps, unemployment, welfare, child support, odd jobs) _____				
Bank: _____		Saving? \$ _____	Checking? \$ _____	
<i>Name/City</i>		<i>Balance Amount</i>	<i>Balance Amount</i>	

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

TREATMENT GOALS			
<small>(Substance Abuse/Mental Health/SOP/Day Programming/etc.)</small>			

FINANCIAL MANAGEMENT			
<small>(Consistent payment toward bills, fees, restitution, & other obligations; provide verification as requested)</small>			

COMPANIONS / SOCIAL RELATIONS			
<small>(Associate with credible persons/places; avoid questionable companion/activities)</small>			

OTHER			
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Client's Signature	Date	Officer's Signature	Date
