KAUFMAN COUNTY COMMUNITY SUPERVISION
AND CORRECTIONS DEPARTMENT
408 EAST COLLEGE STREET
TERRELL, TEXAS 75160
972-563-3890

PROBATIONER'S MONTHLY REPORT

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____ APT. _____
STREET CITY STATE ZIP

HOME PHONE: _____ CELL PHONE: _____

HAVE YOU CHANGED YOUR ADDRESS SINCE YOUR LAST REPORT? _____YES _____NO

WHO ARE YOU LIVING WITH? _____ RELATION: _____

PRESENT EMPLOYER: _____ PHONE: _____

EMPLOYER'S ADDRESS: _____
STREET CITY STATE ZIP

POSITION HELD: _____ WAGES LAST MONTH: _____

IS YOUR EMPLOYER AWARE OF YOUR PROBATION? ____YES ____NO

VEHICLE MAKE: _____ MODEL: _____ COLOR: _____

YEAR: _____ LICENSE PLATE #: _____ YOUR DL #: _____

DO YOU HAVE ANY COMMUNITY SERVICE WORK TO PERFORM? ____YES ____NO
NUMBER OF HOURS COMPLETED THIS MONTH: _____ BALANCE REMAINING: _____

DO YOU HAVE ANY PROBLEMS THAT YOU WOULD LIKE TO DISCUSS? ____YES ____NO

WERE YOU ARRESTED LAST MONTH? ____YES ____NO
IF YES, EXPLAIN _____

HAVE YOU VIOLATED ANY CONDITIONS OF YOUR PROBATION? ____YES ____NO
IF YES, EXPLAIN _____

_____

DATE: _____ **SIGNATURE:** _____