

# LINN COUNTY PAROLE & PROBATION

118 SE 2<sup>ND</sup> Avenue, Suite F, Albany, Oregon 97321--- Phone: 541-967-2005

## Monthly Report – Must be completed in full. Please print.

For Month of: \_\_\_\_\_ Parole & Probation Officer's Name: \_\_\_\_\_

### PERSONAL INFORMATION:

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone#: \_\_\_\_\_

Other Names Used: \_\_\_\_\_ Message#: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
City/State/Zip

Mailing Address: \_\_\_\_\_  
City/State/Zip

Names of Person(s) living with you/Relationship: \_\_\_\_\_

**DRIVING STATUS:** Do you have a valid driver's license?  Yes  No License/ID#: \_\_\_\_\_

CAR(S) YOU DRIVE: Plate#: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

### SOURCES OF INCOME:

Source	Monthly Amount	Source	Monthly Amount	Source	Monthly Amount
Employment		Retirement		AFS Grant	
Disability		SSI		Food Stamps	
HUD		Other		Other	

**EMPLOYMENT STATUS:**  Unemployed  Employed  Student  Retired  Disabled  DHS  Other

Employed by: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Work Shift/Hours/Days: \_\_\_\_\_ Wage: \_\_\_\_\_

**TREATMENT STATUS:**  A&D  AA/NA  DVIP/Anger  Mental Health  Sex Offender  Other

Agency Name: \_\_\_\_\_ Counselor: \_\_\_\_\_

Last Appointment Date: \_\_\_\_\_ Next Appointment Date: \_\_\_\_\_

**FEES PAID LAST MONTH:** Court Fines:\$ \_\_\_\_\_ Supervision Fees:\$ \_\_\_\_\_ Other:\$ \_\_\_\_\_

**WORK CREW/COMMUNITY SERVICE STATUS:** (Report Days or Hours)

Days/Hours Worked Last Month: \_\_\_\_\_ Days/Hours Remaining: \_\_\_\_\_

Placement Site: \_\_\_\_\_ Next Work Date: \_\_\_\_\_

**POLICE CONTACT (Explain):** \_\_\_\_\_

**OTHER COMMENTS:** \_\_\_\_\_

I hereby acknowledge that the above statements are true and correct. Failing to report truthfully may be considered a violation of supervision.

Your Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_