

**OREGON DEPARTMENT OF CORRECTIONS
DOUGLAS COUNTY COMMUNITY CORRECTIONS**

1036 SE Douglas Ave. Rm #206 Roseburg, Oregon 97470
Phone: (541)957-8148 Fax: (541)957-8149

Name: _____ PO: _____ Date: _____

Present Living Situation:

Physical Address: _____ City _____ State _____ Zip _____

CHECK IF NEW ADDRESS

Mailing if different: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____ Email: _____

Who do you live with (list all residents) _____

Vehicle (Make/Model) _____ Year: _____ License#: _____ Color: _____ Registered to? _____

Police Contacts in the last 30 days? Yes or No If Yes, Why? _____

Are you happy with your current living situation?.....Y or N

Have you changed your residence in the last month?.....Y or N

Are you at risk of losing your housing?.....Y or N

Do you plan on changing your residence in the near future?.....Y or N

Comment: _____.

Employment/Education/Financial:

Current Employer/School/GED Program: _____ Hours per week: _____ Phone: _____

Contact Person for verification: _____ Income per (week/month)? _____

Are you current on court fees?.....Yes or No Last Payment Date: _____ Amount: _____ Balance: _____

Are you current on supervision fees?....Yes or No Last Payment Date: _____ Amount: _____ Balance: _____

Do you have enough money to buy important items (food) and pay bills (rent, utilities)?.....Yes or No

Have you recently changed or quit your job or schooling?.....Yes or No

If unemployed how many applications have you submitted in the last 7 days? _____

Do you need help with applications, resume, or searching for work?.....Yes or No

Comment: _____.

Family/Marital:

My Significant other's name is (if none write "single"): _____

Are you currently satisfied with your current relationship/status?..... Yes or No

Did you and your significant other have fun in the last 30 days?.....Yes or No

Comments: _____.

COMPLETE BOTH SIDES OF THIS FORM

Leisure/Recreation:

I am involved in the following activities:_____

Have you done any fun or interesting things in the last 30 days?..... Yes or No
Would you say that you are spending your time doing appropriate things? Yes or No
Could you make better use of your time?.....Yes or No

Comment:_____.

Substance Abuse:

When was the last time you used drugs/alcohol?_____ What did you use?_____

Are you in treatment?.....Y or N Where?_____ Counselor?_____

Are you attending support groups?.....Y or N Where?_____

Do you feel like you need treatment? Y or N Have you felt a strong urge to use drugs or alcohol? ...Y or N
What benefit are you getting (will you get) from attending treatment?

Do you feel like treatment and supervision is a burden and will not help you?.....Y or N
Have you put off treatment assignments or directives from your PO?.....Y or N
Are you satisfied with the way that your parole/probation is going?Y or N

Comment:_____

Associates:

On any given day who do you spend most of your time with?_____

Name 3 non-using/non-criminal people you could spend time with right now: _____

Do you feel like you have a lack of responsible friends?.....Y or N

Health:

Have you seen a mental health counselor in the last month?.....Y or N
Have you seen a doctor in the last month?....Y or N What for?_____

I am on the following medications:_____

Have you taken your prescriptions only as prescribed?....Y or N Comment:_____

What would you like to discuss with your Parole/Probation Officer
today?:_____

_____.

Client Signature

Date