

LINN COUNTY PAROLE & PROBATION
PH: (541) 967-2005 / FAX: (541) 967-2004
118 Second Ave. SE, Suite F, Albany OR 97321

"Supporting Positive Change"

"Promoting Public Safety"

Client Name: _____ DOB: ___/___/___ PO: _____
Other Names Used: _____ Date: _____

(Please answer all questions in reference to the last 30 days)

Current Living Situation:

Physical Address: _____

Street Numbers/Name Apartment/Space # City/State/Zip

Mailing (if different): _____

Street Numbers/Name Apartment/Space # City/State/Zip

Vehicle Make/Model: _____ Vehicle Color: _____ Vehicle Plates: _____

My Contact Phone: (____) _____ Message Phone (____) _____

Names of all people living at residence: _____

Employment/Education and Financial:

SSI/Disability/Retired

Employer/School: _____

Hours/week: _____ Wage: _____

Supervisor/Advisor: _____ Phone: (____) _____

My favorite job would be: _____

Attitude/Orientation:

What happened during the past 30 days that went well? How did it make you feel?

What happened during the past 30 days that didn't go well and how did you deal with it?

What affect has your attitude and behavior had on your friends or family?

Friends/Associates:

Who is your closest friend? _____ Time spent together this month? _____

Describe a healthy activity you participated in this month with a friend or associate:

Describe a risky situation you may have been in with your friends and how you handled it:

Family/Relations:

Who is your significant other? _____

In the past 30 days my family member/significant other and I had fun doing:

Describe any problems/arguments you have had with a family member/significant other during the past 30 days?

"Promoting public safety through supporting positive change."

Leisure & Recreation:

My hobbies and interests are: _____

How did you use your free time during the past month?

I'm involved in these activities: _____

Treatment status:

How much time do you have clean and sober? _____

Describe a high risk situation you experienced in the past 30 days and how you would avoid or better cope with that situation:

Agency Name: _____ Counselor: _____

Health:

Describe how your physical/mental health has been during the past 30 days:

Are you currently seeing a doctor and/or taking prescription medications? Y/N Please explain: _____

List the medications you are currently taking: _____

Work Crew/Community Service:

Days/Hours Worked last month: _____ Days/Hours Remaining: _____

Placement site: _____

Police Contact:

Please explain any police contact: _____

Other:

List your accomplishments this month? _____

What do you think needs to change to prevent further problems in your life? _____

Please list any other concerns you would like to discuss with your PO: _____

SIGNATURE

DATE