

CAUSE # _____

COMPLETE EVERY BLANK

JUDICIAL DISTRICT COMMUNITY SUPERVISION AND CORRECTIONS DEPARTMENT

PROBATIONERS MONTHLY REPORT

DATE: _____

NAME: _____ HOME PHONE: _____

EMAIL: _____ CELL PHONE: _____

PHYSICAL ADDRESS: _____
STREET APT# CITY STATE ZIP CODE

MAILING ADDRESS: _____

NAME OF PERSON(S) LIVING WITH YOU: _____ RELATIONSHIP: _____

IF BEING SUPERVISED BY ANOTHER COUNTY, NAME AND PHONE OF SUPERVISING OFFICER: _____

DOES YOUR FAMILY RECEIVE SOCIAL SECURITY BENEFITS, WELFARE BENEFITS, FOOD STAMPS, UNEMPLOYMENT BENEFITS OR ANY OTHER ASSISTANCE? _____ IF YES, EXPLAIN: _____

EMPLOYER: _____ PHONE: _____

ADDRESS: _____
STREET APT# CITY STATE ZIP CODE

TYPE OF WORK YOU DO: _____ WAGES: \$ _____ PER: _____ WORK HOURS _____

START DATE: _____ SUPERVISOR: _____ SUPERVISOR AWARE OF PROBATION: _____

WERE YOU ARRESTED OR QUESTIONED BY LAW ENFORCEMENT OFFICIALS SINCE YOUR LAST REPORT: _____

IF YES, EXPLAIN: _____

DO YOU HAVE ANY PENDING COURT APPEARANCES? _____ IF YES, EXPLAIN: _____

HAVE YOU VIOLATED ANY OF THE CONDITIONS OF YOUR PROBATION SINCE YOUR LAST REPORT? _____

IF YES, EXPLAIN: _____

HOW MUCH WILL YOU BE PAYING ON FEES TODAY? _____ IF NO PAYMENT IS BEING MADE, WHY? _____

HAVE YOU COMPLETED COMMUNITY SERVICE SINCE LAST REPORT? _____ IF SO, PROVIDE BLUE CARD OR AGENCY CONTACT

NAME/NUMBER UNDER COMMENTS. HOW MANY HOURS? _____

IF NO HOURS HAVE BEEN COMPLETED, WHY? _____

REFERENCES: (LIST THREE (3) NEW REFERENCES)

NAME	ADDRESS	CITY/STATE/ZIP	TELEPHONE	RELATIONSHIP
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

COMMENTS: _____

PROBATIONER'S SIGNATURE _____

GRIMES COUNTY
P.O. BOX 292
ANDERSON, TX 77830-0292
(936)873-4444
(936)873-4453

LEON COUNTY
P.O. BOX 40
CENTERVILLE, TX 75833-0040
(903)536-2689
(903)536-2579

MADISON COUNTY
P.O. BOX 985
MADISONVILLE, TX 77864-0985
(936)348-2641
(936)348-5267

WALKER COUNTY
P.O. BOX 6910
HUNTSVILLE, TX 77342-6910
(936)435-24548
(936)435-2464 fax