

LEA COUNTY PROBATION
MISDEMEANOR COMPLIANCE
DWI PROGRAM



MONTHLY SUPERVISION REPORT FOR

TODAY'S DATE

Legal Name: _____	DOB: _____	Probation Officer: _____	Client ID: _____
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PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement.)

Street Address, Apt. Number: _____	Own or Rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone: _____	Cellular Phone: _____	Msg: _____
City, State, Zip Code: _____		Names of Adults Living With You: _____		
Secondary Residence: _____	Own or Rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you move during the month? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing Address (if different): _____	E-Mail Address: _____	If yes, date moved: _____ Reason for Moving: _____		

PART B: EMPLOYMENT (If unemployed, list source of support under Part D.)

Name, Address, Phone No. of Employer: _____ _____ _____	Name of Immediate Supervisor: _____	Is your employer aware of your criminal status: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	How many days of work did you miss this last month? _____		Why? _____
	Position Held: _____	Hourly Wages: _____	Current Work Schedule: _____
Did you change jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No		If changed jobs or terminated, state when and why. _____	

PART C: VEHICLES (List all vehicles owned or driven by you.)

1. Year/Make/Model/Color: _____	Mileage: _____	Tag Number: _____	Owner: _____
		Last 6 Digits of Vehicle I.D.#: _____	
2. Year/Make/Model/Color: _____	Mileage: _____	Tag Number: _____	Owner: _____
		Last 6 Digits of Vehicle I.D.#: _____	

PART D: MONTHLY FINANCIAL STATEMENT

Net Earnings from Employment: _____ (Attach Proof of Earnings)	Are you past due on: Court fines? <input type="checkbox"/> Yes <input type="checkbox"/> No Probation Fees: <input type="checkbox"/> Yes <input type="checkbox"/> No Restitution: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Cash Inflows: _____	Provide explanation for past due fees: _____ _____
TOTAL MONTHLY INCOME: _____	_____

Do you have a checking <input type="checkbox"/> Yes <input type="checkbox"/> No Bank Name: _____ Address _____ Balance _____	Do you have any additional court ordered financial obligations not listed above such as alimony, child support, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a savings account(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Bank Name: _____ Address _____ Balance _____	Type of payment: _____ Frequency: _____ Amount: _____

List any NEW identifying marks: (Mark Types to include - Tattoos, piercings, scars - Include body location and Description.)

PLEASE BE SURE TO FILL OUT FORM COMPLETELY!

