



**LINN COUNTY PAROLE & PROBATION**

118 SE 2<sup>ND</sup> Ave. Ste. F, Albany, OR 97321 PH: 541-967-2005

**MONTHLY REPORT FORM**

**Is this a change of address, phone number or employment status:**  Yes  No

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

**PERSONAL/CONTACT INFORMATION:**

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

Physical Address: \_\_\_\_\_  
Street Numbers/Name 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: \_\_\_\_\_

**EMPLOYMENT/INCOME:**  Unemployed  Employed  Student  Retired  Disabled  DHS  Other

Employed by: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Other Income Source (i.e. SSI, family): \_\_\_\_\_

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

Agency Name: \_\_\_\_\_ Date of last treatment contact : \_\_\_\_\_

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

**WORK CREW/COMMUNITY SERVICE STATUS:** (If applicable/owed)

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

**CASE PLAN STATUS:**

My Current Supervision Risk Level Is:  Low  Medium  High  Very High

My case plan goal/focus is (i.e. my associates): \_\_\_\_\_

What have you done in the last 30 days to work towards your case plan goals? \_\_\_\_\_

**POLICE CONTACT (Explain):**

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: \_\_\_\_\_