

***** MUST BE COMPLETED IN FULL EACH MONTH *****

LINCOLN COUNTY COMMUNITY CORRECTIONS
218 W Olive St, Newport Or. 97365



THIS REPORT IS SUBMITTED FOR THE MONTH OF _____, 20____
MY PROBATION/PAROLE OFFICER IS _____

YOUR NAME: _____ Vehicle/Make: _____

License: _____

Address (where you sleep): _____ Color: _____

Insurance: Yes / No

Company: _____

Address (mailing): _____ Expiration date: _____

Phone#: _____ Cell#: _____ Message#: _____

I live with: _____

EMPLOYMENT/EDUCATION:

Employer/School: _____ Work Hours: _____

Address: _____ Wages: _____

Telephone: _____ Other Income: _____

What Are You Doing? (If not employed or self employed) _____

TREATMENT/COUNSELING: (Alcohol/Drug/MH/DV/Etc)

Agency Name: _____ Last appt _____

Counselor's Name: _____ Next appt _____

COMMUNITY/AGENCY RESOURCES: (Comm SVC, DHS, Empl Div, Etc)

Agency contacted: _____ Work/Crew/Com. Serv: _____

Why? _____ Hours worked: _____

Hours still owed: _____

FINANCIAL OBLIGATIONS: Paid in the last 30 days

	PAID			PAID	
SUPERVISION FEES:	\$ _____	Balance _____	RESTITUTION:	\$ _____	Balance _____
FINE:	\$ _____	Balance _____			

Payments are due the 10th of each month! If your supervision fees, fines and restitution are not current, you are in VIOLATION of General Condition #1 and your supervision status may be affected.

HAVE YOU HAD ANY POLICE CONTACTS? Yes/No (Explain): _____

Comments or additional space: _____

I ACKNOWLEDGE THAT THE ABOVE IS TRUE AND CORRECT.

SIGNATURE: _____ DATE: _____