



**BENTON COUNTY COMMUNITY CORRECTIONS  
PAROLE AND PROBATION DIVISION  
MONTHLY REPORT FORM**



PRINT NAME: \_\_\_\_\_ MY PROBATION OFFICER IS: \_\_\_\_\_

SUBMITTED FOR THE MONTH OF: \_\_\_\_\_, 20\_\_\_\_

**EMPLOYMENT/EDUCATION**

EMPLOYER/SCHOOL: \_\_\_\_\_ SCHEDULE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ WAGES: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ OTHER INCOME: \_\_\_\_\_

HAS EMPLOYER CHANGED? YES  NO  IF YES, EXPLAIN: \_\_\_\_\_

**TREATMENT/COUNSELING/SUBSTANCE USE (ALCOHOL, DRUG, MENTAL HEALTH, ANTABUSE, ETC.)**

AGENCY NAME: \_\_\_\_\_ LAST APPOINTMENT: \_\_\_\_\_

COUNSELOR'S NAME: \_\_\_\_\_ NEXT APPOINTMENT: \_\_\_\_\_

**\*HAVE YOU USED DRUGS OR ALCOHOL DURING THE PAST MONTH?\*** YES  NO

IF YES, EXPLAIN: \_\_\_\_\_

HAVE YOU MISSED ANY CLASSES OR APPOINTMENTS? YES  NO  IF YES, EXPLAIN: \_\_\_\_\_

**SINCE YOUR LAST REPORT**

**FINANCIAL OBLIGATIONS**

COMMUNITY SERVICE  
HOURS COMPLETED: \_\_\_\_\_

WORK CREW DAYS  
COMPLETED: \_\_\_\_\_

AGENCY WHERE YOU ARE WORKING:  
\_\_\_\_\_

TYPE	PAID
POLY/TX FEES:	\$ _____
RESTITUTION:	\$ _____
COURT PAYMENTS:	\$ _____
CHILD SUPPORT:	\$ _____
OTHER:	\$ _____

EXPLAIN: \_\_\_\_\_

HAVE YOU HAD POLICE CONTACT? YES  NO  IF YES, EXPLAIN: \_\_\_\_\_

**PERSONAL INFORMATION**

PHYSICAL ADDRESS: \_\_\_\_\_

CHECK IF NEW PHYSICAL ADDRESS:

MAILING ADDRESS: \_\_\_\_\_

CHECK IF NEW MAILING ADDRESS:

PHONE NUMBER: \_\_\_\_\_

CHECK IF NEW NUMBER:

EMAIL ADDRESS: \_\_\_\_\_

NAMES OF OTHERS IN YOUR HOUSEHOLD:  
\_\_\_\_\_  
\_\_\_\_\_

VEHICLES YOU HAVE ACCESS TO:

MAKE: \_\_\_\_\_

PLATE #: \_\_\_\_\_ COLOR: \_\_\_\_\_

INSURANCE: \_\_\_\_\_

MAKE: \_\_\_\_\_

PLATE #: \_\_\_\_\_ COLOR: \_\_\_\_\_

INSURANCE: \_\_\_\_\_

**HUD SUBSIDIZED?** YES  NO  **FOOD STAMPS?** YES  NO  **OHP?** YES  NO

IS THERE SOMETHING PARTICULAR YOU WOULD LIKE TO TALK ABOUT TODAY?  
\_\_\_\_\_

SIGNED: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_