

WINKLER COUNTY ADULT PROBATION
A Community Supervision and Corrections Department of the 109th Judicial District
POB 822, Kermit, Texas 79745, (432)586-6217

PROBATIONER'S MONTHLY REPORT

(ANSWER **EVERY** QUESTION, EVEN IF THE ANSWER IS THE SAME AS ON PREVIOUS REPORTS. PLEASE PRINT)

1) NAME: _____ PHONE: _____

ADDRESS: _____
NUMBER AND STREET CITY STATE ZIP CODE

MAILING ADDRESS: _____ EITHER ADDRESS CHANGED? YES ___ NO ___

NAMES OF PEOPLE LIVING WITH YOU: _____

RELATIONSHIP TO YOU: _____

2) PRIMARY EMPLOYER: _____ YOUR JOB: _____

EMPLOYER'S ADDRESS: _____
NUMBER AND STREET CITY STATE ZIP CODE

BUSINESS PHONE: _____ SUPERVISOR'S NAME: _____

WORK SCHEDULE: From _____ M to _____ M, _____ day thru _____ day OR _____

HOW MANY DAYS WORK DID YOU MISS SINCE LAST REPORT? _____ WHY? _____

PAY RATE: \$ _____ PER _____ OTHER INCOME SINCE LAST REPORT \$ _____ SOURCE: _____

HAVE YOU CHANGED EMPLOYMENT SINCE LAST REPORT? YES ___ NO ___

DOES YOUR EMPLOYER KNOW YOU ARE ON PROBATION? YES ___ NO ___

ARE YOU GOING TO SCHOOL? _____ IF YES, NAME OF SCHOOL: _____

HOURS: _____ DAYS: _____

3) HAVE YOU HAD ANY CONTACT WITH ANY OTHER COMMUNITY AGENCIES IN THE LAST 30 DAYS: (EXAMPLE: WELFARE, MHMR, AA, TEXAS EMPLOYMENT COMMISSION, ETC.) EXPLAIN: _____

4) ARE YOU CURRENT ON YOUR COURT ORDERED PAYMENTS? YES ___ NO ___ IF NOT, COMPLETE INABILITY TO PAY FORM ON BACK

5) HAVE YOU BEEN ARRESTED **OR** VIOLATED THE TERMS OF YOUR PROBATION SINCE LAST REPORT? _____ IF YES, EXPLAIN: _____

6) LIST ALL OF THE VEHICLES YOU OWN **OR** DRIVE, STARTING WITH THE ONE YOU DRIVE THE MOST:
FORD, CHEVY ETC. F-150, MUSTANG ETC. 2-DR, EXTENDED CAB, HATCH BACK, ETC

YEAR	MAKE	MODEL	TYPE	COLOR	LICENSE PLATE # & STATE
1.					
2.					
3.					
4.					

7) WHAT TIME IS YOUR CURFEW? _____

I UNDERSTAND THAT ANY FALSE STATEMENT ON THIS REPORT CAN BE GROUNDS FOR REVOCATION OF MY PROBATION.

YOUR SIGNATURE _____

TODAY'S DATE _____

FOR CSCD OFFICE USE ONLY

REPORTED IN PERSON @ _____ HRS. OR BY MAIL (DATE STAMP)

PERSON TAKING REPORT _____

Pay Stub / PAYMENT \$ _____ / DF \$ _____ NOTES:

CSR: Turned in _____ Needed _____

___ UA COLLECTED

___ SAIP/AA _____

___ R&N SCORED _____

___ SUPERVISION PLAN _____

NEXT OV: _____ @ _____ M. (_____ DAY)