

**MONTHLY REPORT**  
 LANE COUNTY SHERIFF'S OFFICE  
 PAROLE & PROBATION SERVICES – ADULT CORRECTIONS



THIS REPORT IS SUBMITTED FOR THE MONTH(S) OF \_\_\_\_\_ 20\_\_

MY PROBATION/PAROLE OFFICER IS \_\_\_\_\_

NAME: \_\_\_\_\_ WHAT ARE YOU DRIVING? \_\_\_\_\_

ADDRESS: \_\_\_\_\_ LICENSE: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ COLOR: \_\_\_\_\_

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

LIVE WITH: \_\_\_\_\_

**EMPLOYMENT/EDUCATION:**

EMPLOYER/SCHOOL: \_\_\_\_\_ WORK HOURS: \_\_\_\_\_

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

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

**TREATMENT/COUNSELING:** (Alcohol, Drug, Mental Health, Antabuse, etc.)

AGENCY NAME: \_\_\_\_\_ LAST APPOINTMENT(S): \_\_\_\_\_

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

**COMMUNITY/AGENCY RESOURCES:** (AFS, Employment Division, CSD, JTPA, Vocational Rehab, etc.)

AGENCY CONTACT: \_\_\_\_\_ COMMUNITY SERVICE HOURS: \_\_\_\_\_

WHY? \_\_\_\_\_ HOURS WORKED: \_\_\_\_\_

\_\_\_\_\_ HOURS REMAINING: \_\_\_\_\_

**FINANCIAL OBLIGATIONS:**

Type	Paid	Type	Paid
Court Cost:	\$ _____	Supervision Fee:	\$ _____
Fine:	\$ _____	Child Support:	\$ _____
Restitution:	\$ _____	Miscellaneous:	\$ _____

HAVE YOU HAD ANY POLICE CONTACTS? _____ EXPLAIN: _____ _____ _____	COMMENTS: _____ _____ _____
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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**I ACKNOWLEDGE THE ABOVE IS TRUE AND CORRECT.**