## Probation Monthly Check-In Form

**This form is a legal document and MUST BE COMPLETED and signed each and every month before meeting with your probation officer.**

Date _____ Time of Arrival _____ Appointment Time _____ Probation Officer _____

Your Full Name (Last, First, Middle) _____ Street Address _____ City _____ State _____ Zip _____

Date of Birth (dd/mm/yy) _____ Home Phone _____ Cell Phone _____ Work Phone _____ Message Phone _____

Marital Status: ☐ Single ☐ Married ☐ In a relationship ☐ Divorced If not single, name & phone # of partner or ex: _____

Additional Contact Name _____ Phone _____ Relationship _____

Employer/School _____ Occupation _____ Wage _____ Hours per Week _____ Supervisor _____

Are you currently collecting SSI/SSDI? ☐ Yes ☐ No If yes, amount:_____ ☐ Medicare ☐ Medicaid

Court fine is paid in full? ☐ Yes ☐ No Have you paid your court fine this month? ☐ Yes ☐ No If yes, how much did you pay?_____

My monthly Cost of Supervision is:_____ Was this paid today? ☐ Yes ☐ No If No, when will you be paying?_____

Current status of your driver's license? ☐ Valid ☐ I don't have a driver's license ☐ Suspended If suspended, reinstatement date?_____

Is your Jail/SLD/Work Release/Community Service Complete? ☐ Yes ☐ No If no, how many more days/hours?_____

Are you currently attending any programs ordered by your PO or by the court? ☐ Yes (if yes, see below) ☐ No (not ordered or completed)

If yes, name of provider/program:_____

Any absences this month in classes/treatment? ☐ Yes ☐ No If yes, when and why?_____

Have you had any contact with the police in the past month? (Arrested, cited or questioned) ☐ Yes ☐ No If yes, explain:_____

_____

Have you consumed any alcohol or used any controlled substances not prescribed by a doctor since your last appointment? ☐ Yes ☐ No

If yes, explain:_____

Current No Contact Order/Protection Order in place? ☐ Yes ☐ No If yes, Protected Person:_____

Do you currently own/possess firearms or ammunition? ☐ Yes ☐ No

Currently under Doctor's care? ☐ Yes ☐ No If yes, treating physician and phone:_____

Currently taking medications? ☐ Yes ☐ No If yes, list medications:_____

Goals for the month:_____

**My signature attests to the truthfulness of the answers and statements above. I understand that my failure to answer truthfully and comply with the rules of supervised probation may result in a probation violation and/or the revocation of my probation.**

_____ Your Signature

_____ Date Signed

Forms can also be emailed to misdemeanorprobation@adaweb.net