

**ADULT PROBATIONER'S MONTHLY REPORT  
MAIL THIS REPORT ON THE FIRST DAY OF THE MONTH**

**MAIL REPORTS AND MAKE PAYMENTS BY MONEY ORDER OR CASHIER'S CHECK  
(NO PERSONAL CHECKS WILL BE ACCEPTED)**

**Make Money Orders & Cashier Checks Payable To: CHIEF PROBATION OFFICER  
P.O. BOX 1812, SANTA CRUZ, CA. 95061-1812**

(No receipt issued unless a self-addressed, stamped envelope is enclosed. **NO CASH BY MAIL**)

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**PROBATION CASE #** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CIRCLE ANY SECTIONS CHANGED SINCE LAST REPORT** **Cell Phone #:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**Address (Residence - include Street & City.):** \_\_\_\_\_

**Mailing Address (If Different from Above - include Street & City.):** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**With Whom Do You Live (Name and Relationship)?** \_\_\_\_\_

**Marital Status:** Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

**Number of Persons You Support, Including Yourself:** \_\_\_\_\_

**Amount of Rent Paid \$** \_\_\_\_\_ **or, House Payment \$** \_\_\_\_\_

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**EMPLOYMENT:**

**Your Job Title** \_\_\_\_\_ **Employer's Name** \_\_\_\_\_

**Employer's Address** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**Source of Income:** Social Security \$ \_\_\_\_\_ Welfare \$ \_\_\_\_\_ Disability \$ \_\_\_\_\_ Veteran's \$ \_\_\_\_\_

**Unemployment Insurance \$** \_\_\_\_\_ **Employment \$** \_\_\_\_\_ **Other (Specify)** \_\_\_\_\_

**Your Income Last Month \$** \_\_\_\_\_ **Family Income Last Month \$** \_\_\_\_\_

**Number of Days Worked During Month** \_\_\_\_\_ **Shift Worked** \_\_\_\_\_

**Does Your Employer Know You Are on Probation ?** \_\_\_\_\_

**If Not Working, Give Reason & List Places You Have Sought Employment the Last Month on the Reverse Side of this form**

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**I Drive the Following Vehicle (Year; Make; Model; License Number; Color; Owner)** \_\_\_\_\_

**Were You Questioned, Cited, Arrested, Jailed or in Court Since Last Report ?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Where** \_\_\_\_\_ **Charge** \_\_\_\_\_ **By Whom** \_\_\_\_\_

**Outcome or Disposition** \_\_\_\_\_

**Amount Paid With This Report (If Ordered by the Court ) \$** \_\_\_\_\_

**If You Are Not Making a Payment This Month, Explain** \_\_\_\_\_

**IMPORTANT: IF YOU ARE REQUIRED TO ATTEND COUNSELING, PLEASE LIST THE PLACES AND DATES OF SUCH ATTENDANCE ON THE BACK OF THIS REPORT, ALSO LIST PRESCRIPTION MEDICATIONS.**

**Comments (Questions and Problems Regarding Family, Job, Probation, Etc.) Use Other Side of Form For Comments.**

**YOUR PROBATION OFFICER IS:** \_\_\_\_\_ **The above statements are true to the best of my knowledge**

**Phone:** \_\_\_\_\_ **(Signature)** \_\_\_\_\_

Date	Meeting Name	Location	Secretary Signature	Date	Meeting Name	Location	Secretary Signature

<b>List of Counseling</b>	<b>Places Sought Work</b>
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Date	Name of Location	Date	Name of Company	Person Contacted	Job Applied for

**PRESCRIPTION MEDICATIONS:**

**WHY NOT EMPLOYED:**

**COMMENTS:**

Download this form and email to: [PRB\\_MonthlyReporting@santacruzcounty.us](mailto:PRB_MonthlyReporting@santacruzcounty.us)