

Josephine County Community Corrections Monthly Report

(Please answer all questions)

Check if new address or phone

The following information is for the Month of _____, 20_____.

Name: _____ Supervising Officer _____

Present Living Situation:

- T or F I am happy with my current living situation.
T or F Right now I sleep on a couch or the floor.
T or F I have changed my residence in the last month.
T or F Right now I'm at risk of losing my housing.

Name of person I reside with: _____

Physical Address: _____ City _____ State _____ Zip _____

Mailing (if different) _____ City _____ State _____ Zip _____

Home phone: _____ Cell phone: _____ Email: _____

Vehicle information: Model _____ Year: _____ License #: _____ Color: _____

Employment/ Education and Financial:

Employer/College/GED program _____ Hours per week _____

Work Supervisor/ School Contact: _____ Phone: _____

- T or F I have enough money to buy important items (food) or pay important bills (utilities)
T or F I have recently changed or quit my job or school.

I'm looking for work. In the past month I have applied for _____ many jobs. *N/A if in treatment or school*

I need help filling out applications, writing a resume or searching for work. Yes No

Are you paying on your court fees? Yes No Last Payment: _____ Amount: _____

Court Balance owed: _____ Supervision Fee Balance owed: _____

Did you pay your supervision fee this month? Yes No Last Payment: _____ Amount: _____

Since you last reported, how many police contacts have you had? _____

If you had police contacts, please explain: _____

Are you working on your Community Service Hours? Yes No Last worked? _____

– COMPLETE BOTH SIDES OF FORM –

Family/ Relations:

T or F I have had problems with a spouse/partner or girlfriend/boyfriend this last month.

T or F My spouse/partner or girlfriend/boyfriend and I had fun this past month.

My significant other's name is: _____

Leisure & Recreation:

T or F I have done fun or interesting things in the last month.

T or F I could make better use of my time.

On any day, who do you spend the most time with? _____

I'm involved in the following organized activities _____

Substance Abuse:

T or F I have felt a strong urge to drink alcohol or use drugs.

T or F I have gone to AA/NA treatment meetings.

If you're in treatment, what do you feel that you are gaining? _____

Name of treatment program: _____

Attitude/ Orientation:

T or F I feel like treatment and supervision is a burden and will not help me.

T or F More than once, I have put off treatment assignments or things my PO asked me to do.

How do you feel about supervision? _____

Health:

T or F N/A I saw a mental health counselor in the last month.

T or F N/A I am taking prescribed medication. Please list: _____

T or F N/A My medication has changed.

T or F N/A I have a new medical condition.

T or F N/A I have checked into or was taken to the emergency room this past month.

Is there anything you would like to discuss with your PO? _____

Your signature affirms the above is true, complete, and correct in all respects.

Date