

**Sixth Judicial District Department of Correctional Services  
MONTHLY REPORT**

**FORM 103A-06**

While you are on supervision, you are required to submit a report once a month to your officer. You must complete this form accurately, truthfully, and completely. Failure to submit this form or complete it correctly is a violation of your supervision.

*Please print clearly.*

**REPORTING MONTH:** \_\_\_\_\_

**Print NAME:** \_\_\_\_\_

**AGENT:** \_\_\_\_\_

<b>ADDRESS OF RESIDENCE:</b> _____				
<i>Street &amp; Unit #</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
Is this address new? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Change: _____	Reason for Change: _____		
<b>MAILING ADDRESS</b> (if different): _____				
<i>Street &amp; Unit #</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
<b>PHONE NUMBER:</b> _____	<b>CELL PHONE #:</b> _____	<b>EMAIL:</b> _____		
<i>include area code</i>		<i>include area code</i>		
Is this a change in your phone numbers since your last report? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Change: _____				
<b>MARITAL STATUS:</b> (circle one) Common-law Divorced Married Single Widowed Separated				
Is this a change in marital status? <input type="checkbox"/> Yes <input type="checkbox"/> No				
List all Person who reside in your residence: _____				
<i>Name and include ages if under 18</i>				
<b>Contact Person &amp; phone number:</b> _____				
<i>(in case of emergency)</i>		<i>Name / Relationship</i>		<i>include area code</i>
<b>EMPLOYER/SCHOOL</b> _____ Address: _____				
		<i>Street &amp; Unit #</i>	<i>City</i>	<i>State Zip</i>
<b>JOB STATUS:</b> (circle one) Full-Time Part-Time Disabled Retired Seasonal Spot-Job Student Unemployed Welfare				
Is this a change in employment/status? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Change: _____ Reason for Change: _____				
<b>Supervisor:</b> _____		<b>Phone #:</b> _____		<b>Rate of Pay (hourly) \$</b> _____
<b>Job Title:</b> _____		<b>Work days</b> (circle): Mon Tues Wed Thurs Fri Sat Sun		<b>Work hours:</b> _____
Did you miss any work/school since you last reported: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____				
<b>Amount of other income:</b> (FIP, SSI, food stamps, unemployment, welfare, child support, odd jobs) _____				
<b>Bank:</b> _____		<b>Saving? \$</b> _____	<b>Checking? \$</b> _____	
<i>Name/City</i>		<i>Balance Amount</i>	<i>Balance Amount</i>	

1. **Have you paid your monthly financial obligations of your case?** (Clerk of Court and Supervision Fees)  
Yes No Paid in full If not explain: \_\_\_\_\_
2. **Have you completed your required community service and provided completed timesheets for verification?**  
Yes Continue to submit monthly timesheets for hours completed Not required
3. **What action steps have you completed on your case plan since your last office visit?** \_\_\_\_\_
4. **List any treatment/groups you are currently involved in:** \_\_\_\_\_  
Did you miss any? Yes No Why? \_\_\_\_\_
5. **List any new debts/loans since last report (auto, cash advance, credit, etc.)** \_\_\_\_\_
6. **Have you paid your child support?** Yes No N/A Explain: \_\_\_\_\_
7. **Have you had contact with ANY law enforcement since your last report?** Yes No  
Explain: \_\_\_\_\_
8. **Have you had ANY violations of your probation that you have not yet reported?** Yes No  
Explain: \_\_\_\_\_

**I HEREBY CERTIFY THAT THIS REPORT IS TRUE, ACCURATE, AND COMPLETE.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

	SATISFACTORY	NEEDS IMPROVEMENT	VIOLATION
<b>EMPLOYMENT/EDUCATION</b>			
<small>(Full attendance, consisting of 32 hrs/wk; absences approved by employer &amp; inform Office next contact; provide copies of paycheck stubs, or other verification)</small>			

<b>TREATMENT GOALS</b>			
<small>(Substance Abuse/Mental Health/SOP/Day Programming/etc.)</small>			

<b>FINANCIAL MANAGEMENT</b>			
<small>(Consistent payment toward bills, fees, restitution, &amp; other obligations; provide verification as requested)</small>			

<b>COMPANIONS / SOCIAL RELATIONS</b>			
<small>(Associate with credible persons/places; avoid questionable companion/activities)</small>			

<b>OTHER</b>			
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Client's Signature	Date	Officer's Signature	Date

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