

DOMESTIC VIOLENCE SUPERVISION MONTHLY REPORT FORM
Yamhill County Department of Justice: 615 E. 6th St. McMinnville, OR 97128
Ph. (503) 434-7513 Fax (503) 472-5216

Please answer all questions fully and legibly

Date: _____ PO _____

Batterer Intervention Program attending _____ Last Attended _____

Address, phone number and counselor name _____

Victim(s) in this case(s) _____

Have you been permitted contact with the victim(s) YES _____ NO _____

Please explain any contact you have been permitted with the victim(s) _____

Are you currently in a domestic partner relationship? _____

If so, provide contact information for your domestic partner (name/phone and address) _____

Date of last polygraph taken? _____ Pass _____ Fail _____ Inconclusive _____

List other program(s) attending or completed (ex. alcohol/drug, mental health)? _____

Address, phone number and counselor name _____

Tell me about any intoxicant use including any prescriptions since your last monthly report _____

Tell me about your police contact since your last monthly report _____

Employment/Education/Financial _____ Hrs/wk? _____

Address, phone number and supervisor name _____

Monthly Income _____ Have you provided proof of your employment? YES _____ NO _____

Supervision Fee balance _____ Court Fee balance _____

Present living situation/address _____

Phone _____ Mailing Address _____

Names of all persons whom you share a residence with _____

Relationship(s)? _____

Vehicle(s) Make _____ Model _____ Year _____ Color _____ License Plate _____

Tell me about any changes in the last month? _____



Print Name

Signature