Yamhill County Department of Community Justice

615 E. Sixth Street, McMinnville, Oregon 97128 · Phone: 503-434-7513 · Fax: 503-472-5216

MONTHLY REPORT
ANY UNTRUE STATEMENTS MADE BELOW COULD RESULT IN VIOLATION

_____   _____
Print Name   Date/Report Month

_____   _____
Client's Signature   Parole/Probation Officer

CONTACT INFORMATION
Phone _____ (Circle if applies) WIFI/Message   Email _____

With whom do you live? Name & Relationship _____

___ House   ___ Apartment ___ Other _____

Current Address _____Apt/Lot #_____

City _____ State _____ ZIP_____

Mailing Address (if different) _____Apt/Lot #_____

City _____ State _____ ZIP_____

EMPLOYMENT/INCOME   EDUCATION/TRAINING
Employer   _____   __ Attending College

Address   _____   __ GED Classes

Phone   _____ Name of Supervisor _____   __ Vocational Training

Work Schedule _____ Rate of Pay $_____   Where _____

Other Source of Income _____ Amount $ _____

ACTIVITIES
*Were you contacted by the police, arrested, jailed, cited and/or appeared in court during this month? __ Yes   __ No
    If yes, explain what for, when, where, and why on back of this report

*Last drug/alcohol use? _____ Drug(s) used? _____

*12-step meetings/other support services?_____

PROGRAMMING
Attending drug/alcohol counseling ___ Yes ___ No   Attending mental health counseling   ___ Yes ___ No

Where _____   Where _____

Counselor _____   Counselor _____

Date last attended _____   Date last attended _____

MRT/Moving On ___ Yes ___ No   Ready to Work ___ Yes ___ No   Anger Management ___ Yes ___ No

CONDITION TRACKING (check if apply)
___Community Service: Balance _____   ___Restitution: Last Payment Date _____ Amount $ _____

___Work Crew: Balance _____   ___ Victim Impact Panel   Last Supervision Fee Payment: _____

TRANSPORTATION
Do you have a valid license?   ___ Yes ___ No

Driver's license # _____

Source of transportation   ___ bus ___ car ___ other

If car: Make _____ Model_____ Year _____ Color _____ License No. _____

Additional information, successes or questions for your PO? (continue on back if necessary)

_____

_____

_____