

**YAMHILL COUNTY  
AND  
STATE OF OREGON**

**MAIL OR GIVE TO YOUR  
PAROLE/PROBATION  
OFFICER**

ANY STATEMENTS MADE BELOW WHICH ARE LATER  
FOUND TO BE UNTRUE MIGHT RESULT IN YOUR BEING DECLARED A VIOLATOR.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Client's Signature \_\_\_\_\_

THE FOLLOWING INFORMATION IS FOR \_\_\_\_\_, 19 \_\_\_\_\_ FOR \_\_\_\_\_  
Month Probation/Parole Officer's Name

1. EMPLOYMENT/INCOME \_\_\_\_\_ 2. EDUCATION/TRAINING \_\_\_\_\_  
Employer \_\_\_\_\_  Attending College  
Address \_\_\_\_\_  GED Classes  
Phone \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  Vocational Training  
Job Duties \_\_\_\_\_ Where \_\_\_\_\_  
Days Worked During Month \_\_\_\_\_ Work Hours \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_  
Net Income for Month \$ \_\_\_\_\_ How Many Others Do You Support \_\_\_\_\_ Source of Funding \_\_\_\_\_  
Other Income \$ \_\_\_\_\_ Source \_\_\_\_\_

3. 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.  
If not working or attending school, how do you spend your spare time? \_\_\_\_\_  
Did you travel during the month?  Yes  No If yes, where? \_\_\_\_\_

**4. WHERE YOU WERE PLACED ON PROBATION/PAROLE, CERTAIN CONDITIONS WERE PLACED ON YOU. IF ANY OF THE FOLLOWING ARE CHECKED AND/OR APPLY TO YOU, THEN YOU MUST FURNISH THE APPROPRIATE INFORMATION!**

Attending alcohol/drug/therapy  Yes  No You were ordered to pay  
Where \_\_\_\_\_ Amount Paid Balance Last Payment  
Counselor \_\_\_\_\_  Restitution \_\_\_\_\_  
Date last attended \_\_\_\_\_  Fine \_\_\_\_\_  
Taking monitored antabuse  Yes  No  Attorney Fees \_\_\_\_\_  
Pharmacy \_\_\_\_\_  Probation Fees \_\_\_\_\_  
Dosage \_\_\_\_\_ Community Service  
Comments \_\_\_\_\_  Complete  Not complete, \_\_\_\_\_ Balance to be completed

5. FINANCIAL  
Balance on debts \$ \_\_\_\_\_  
Amount paid during month \$ \_\_\_\_\_  
Cash on hand \$ \_\_\_\_\_ Amount in savings \$ \_\_\_\_\_  
Amount in checking \$ \_\_\_\_\_  
Paying child support?  Yes  No  
Monthly payment \$ \_\_\_\_\_  
Are you current?  Yes  No  
If behind, how long? \_\_\_\_\_

6. TRANSPORTATION  
Do you have a valid license?  Yes  No  
Driver's license number \_\_\_\_\_  
Source of transportation  bus  car  other  
If car: 1. Make \_\_\_\_\_ 2. Make \_\_\_\_\_  
Model \_\_\_\_\_ Model \_\_\_\_\_  
Year \_\_\_\_\_ Year \_\_\_\_\_  
Color \_\_\_\_\_ Color \_\_\_\_\_  
License No. \_\_\_\_\_ License No. \_\_\_\_\_

7. PRESENT LIVING SITUATION  
 House  Apartment  Other  
I am  Renting  Leasing  Boarding  Buying  Other  
With whom do you live? \_\_\_\_\_ Relationship \_\_\_\_\_  
Current Address \_\_\_\_\_ Mailing Address (if different) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Phone \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_