

Domestic Violence Supervision monthly report form  
Yamhill County Department of Justice: 615 E. 6<sup>th</sup> 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 contacts since your last monthly report \_\_\_\_\_  
\_\_\_\_\_

Employment/Education/Financial \_\_\_\_\_ Hrs/wk? \_\_\_\_\_  
Address, phone number, 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 \_\_\_\_\_