

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 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 _____