

**Yamhill County Parole & Probation Monthly Report**  
**615 NE 6<sup>th</sup>, McMinnville, Or. 97128**

(Please answer all questions)

The following information is for the Month of \_\_\_\_\_, 20\_\_\_\_. Name of supervising officer \_\_\_\_\_

**Sex Offender Supervision Compliance (past and present):**

Treatment Provider \_\_\_\_\_ Date last attended treatment \_\_\_/\_\_\_/\_\_\_ Completed Y or N

**Polygraph (past and present):**

Date of your last polygraph? \_\_\_/\_\_\_/\_\_\_ Pass[ ] Fail[ ] Inconclusive[ ] Polygraph Examiner \_\_\_\_\_

Have you completed a full-disclosure polygraph? YES[ ] NO[ ] If yes, date you completed \_\_\_/\_\_\_/\_\_\_

<p>Who would you'd like to spend more time with? _____ T or F I have been in contact with my victim(s). _____ When and where did you have contact with children? _____ _____</p> <p>Tell me about any arguments or disagreements with your spouse or partner since your last report. _____ T or F I have had one or more arguments with my employer this last month. _____ T or F I have had one or more arguments with my family member this month. _____ Since we last met, what has made you angry? _____ How did you handle the anger? _____ _____</p> <p>T or F I have had one or more arguments with my therapist/ PO this last month. _____ T or F My PO and/or therapist have been bugging me without any good reason. _____ T or F I have completely missed one or more appointments with my PO/Therapist. _____ T or F I have been more than five minutes late to a therapy session. _____ T or F More than once, I have put off treatment assignments. _____ T or F I have lied to my PO and Therapist and have failed to comply with directives. _____ <b>How do I feel about supervision?</b> _____ _____</p>	<p>Describe your sexual thoughts. _____ _____</p> <p>How often are you thinking about sex. _____ What type of sexually oriented materials have you viewed since your last monthly report? _____ Tell me about your masturbation frequency on a weekly basis. _____ How important is sex to you these days? _____ Who have you had sex during the last month? _____ Name of current partner/significant other? _____ T or F I have had problems with a spouse or girlfriend/boyfriend this last month. _____ Tell me about any anger or frustration directed at the opposite sex. _____ _____</p> <p>How have you been feeling since last monthly report? _____ _____</p> <p>What is the most pleasant conversation you had with someone since your last monthly report. _____ T or F Since your last monthly report, have you ever felt like you were going to "Lose-it"? _____ T or F I have been feeling helpless and hopeless. _____ T or F I am feeling like treatment will never help me. _____ T or F No matter how much I work, it seems that treatment is just to hard. _____ T or F I have had thoughts or made plans to kill myself. _____ Who do you talk to when things are not going well? _____ Is there someone you can talk with or spend time with? Y or N _____ Who are the people you spend time with? _____</p>
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**Tell me about your last alcohol or drug use, including prescription drugs.**

Drug and Alcohol Treatment Provider \_\_\_\_\_ Counselor \_\_\_\_\_

**Tell me about your police contacts since your last monthly report.**

**Email addresses):**

**Employment/Education/Financial: \*\* Submit Pay Stubs to your PO \*\***

Employer/College: \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Present living situation:**

Your Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Mailing Address (if different) \_\_\_\_\_

List Vehicle: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Plate: \_\_\_\_\_

With whom do you live? \_\_\_\_\_ Relationship? \_\_\_\_\_

Name and address of your significant other: \_\_\_\_\_

Significant other's children, names and DOB: \_\_\_\_\_

**ANY STATEMENTS YOU HAVE MADE WHICH ARE LATER FOUND TO BE UNTRUE MAY RESULT IN A VIOLATION OF YOUR SUPERVISION.**

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE