

**\*\*\* MUST BE COMPLETED IN FULL EACH MONTH \*\*\***

LINCOLN COUNTY COMMUNITY CORRECTIONS  
218 W Olive St, Newport Or. 97365



THIS REPORT IS SUBMITTED FOR THE MONTH OF \_\_\_\_\_, 20\_\_\_\_  
MY PROBATION/PAROLE OFFICER IS \_\_\_\_\_

**YOUR NAME:** \_\_\_\_\_ Vehicle/Make: \_\_\_\_\_

License: \_\_\_\_\_

Address (where you sleep): \_\_\_\_\_ Color: \_\_\_\_\_

Insurance: Yes / No

Company: \_\_\_\_\_

Address (mailing): \_\_\_\_\_ Expiration date: \_\_\_\_\_

Phone#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Message#: \_\_\_\_\_

I live with: \_\_\_\_\_

**EMPLOYMENT/EDUCATION:**

Employer/School: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Address: \_\_\_\_\_ Wages: \_\_\_\_\_

Telephone: \_\_\_\_\_ Other Income: \_\_\_\_\_

What Are You Doing? (If not employed or self employed) \_\_\_\_\_

**TREATMENT/COUNSELING:** (Alcohol/Drug/MH/DV/Etc)

Agency Name: \_\_\_\_\_ Last appt \_\_\_\_\_

Counselor's Name: \_\_\_\_\_ Next appt \_\_\_\_\_

**COMMUNITY/AGENCY RESOURCES:** (Comm SVC, DHS, Empl Div, Etc)

Agency contacted: \_\_\_\_\_ Work/Crew/Com. Serv: \_\_\_\_\_

Why? \_\_\_\_\_ Hours worked: \_\_\_\_\_

Hours still owed: \_\_\_\_\_

**FINANCIAL OBLIGATIONS:** Paid in the last 30 days

	<b>PAID</b>			<b>PAID</b>	
SUPERVISION FEES:	\$ _____	Balance _____	RESTITUTION:	\$ _____	Balance _____
FINE:	\$ _____	Balance _____			

Payments are due the 10<sup>th</sup> of each month! If your supervision fees, fines and restitution are not current, you are in VIOLATION of General Condition #1 and your supervision status may be affected.

HAVE YOU HAD ANY POLICE CONTACTS? Yes/No (Explain): \_\_\_\_\_

Comments or additional space: \_\_\_\_\_

I ACKNOWLEDGE THAT THE ABOVE IS TRUE AND CORRECT.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_