



HARNEY COUNTY PAROLE AND PROBATION

113 W. Washington St., Burns, OR 97720
Phone: 541-573-2933 Fax: 541-573-2908
MONTHLY REPORT

Name: \_\_\_\_\_ Report for month of: \_\_\_\_\_ 2020

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Who lives with you? (Name/Relation) \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Make/Model/Color of Vehicle: \_\_\_\_\_ License Plate #: \_\_\_\_\_

\*YOU MUST HAVE PERMISSION PRIOR TO CHANGING RESIDENCE/MAILING ADDRESS\*

Employment/Income Status:

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Are they aware that you're on probation? YES NO

Work Days/Hours: \_\_\_\_\_ Monthly income: \$ \_\_\_\_\_

Treatment/Counseling: Alcohol/Drug, Mental Health, Anger, Support Groups, etc.

Agency Name: \_\_\_\_\_ Counselor's Name: \_\_\_\_\_

Last Appointment: \_\_\_\_\_ Next Appointment: \_\_\_\_\_

List Current Medications: \_\_\_\_\_

Community Service: Completed? YES NO Hours to do: \_\_\_\_\_ Last day worked on: \_\_\_\_\_

Did you pay court fines/restitution? YES NO Amount Paid: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Did you pay supervision fees? YES NO Amount Paid: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Police Contact Since Last Report: This includes traffic stop or citation, court appearance, or arrest.

YES NO If yes, contact date \_\_\_\_\_

Explanation:

\_\_\_\_\_
\_\_\_\_\_

I HEREBY ACKNOWLEDGE THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I understand that any statements made that are later found to be untrue may result in a violation hearing or imposition of structured sanctions.