



CLACKAMAS COUNTY COMMUNITY CORRECTIONS
1024 MAIN STREET • OREGON CITY • OREGON 97045
TELEPHONE 503-655-8603 ••• FAX 503-650-8942

MONTHLY REPORT

PLEASE PRINT

My Probation/Parole Officer is \_\_\_\_\_ Report is for the month of \_\_\_\_\_
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Date of birth \_\_\_\_\_
Home Address \_\_\_\_\_ Apt/Space \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
Who lives with you? (Name/Relation) \_\_\_\_\_ Supervised? ( ) yes no ( )
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Message Phone \_\_\_\_\_
Email Address \_\_\_\_\_
Make/Model of vehicle you drive \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_

Employment/Education

Employer/School \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_
Days (circle) Mon Tues Wed Thurs Fri Sat Sun Hrs \_\_\_\_\_ Monthly Income \_\_\_\_\_ (attach proof)
If not working, how are you financially supported? \_\_\_\_\_

Police Contact Did you have police contact? ( ) yes no ( ) Did you appear in Court? ( ) yes no ( )
Date \_\_\_\_\_ Location \_\_\_\_\_ (attach a copy of citation)
Explain \_\_\_\_\_

Treatment/Conditions

Are you in treatment? ( ) yes no ( ) If yes, name of Agency \_\_\_\_\_ Counselor \_\_\_\_\_
Are you taking prescribed medications? ( ) yes no ( )
If yes, please list \_\_\_\_\_
Are you going to weekly support groups? ( ) yes no ( ) If yes, please attach verification.
Are you doing Community Service? ( ) yes no ( ) Hours Remaining \_\_\_\_\_ Date last worked \_\_\_\_\_
Did you pay court fees/fines? ( ) yes no ( ) Amount Paid \_\_\_\_\_ Date Paid \_\_\_\_\_
Did you pay supervision fees? ( ) yes no ( ) Amount Paid \_\_\_\_\_ Date Paid \_\_\_\_\_

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

I affirm the above is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_