## **Adult Reporting Form**

Instructions: Please fill out a form each time you report for an appointment and/or court. Mail in forms need to be received by the probation office on or about the 15<sup>th</sup> of each month. You can mail them to:

Clinton County Probation, 850 Fairfax Room 120, Carlyle, IL 62231; Fax them to 594-0199;
or drop them by the office. If we do not receive the form by the 25<sup>th</sup> of the month, it will constitute a failure to report.

Name:				Phone:	
Probation Officer:	Randy Brandmeyer	Christy Foster	George Evans	Rachel Varel	
1. What is your curre	ent address (include PO Bo	x & Street address w	rith City and Zip):		
Has your address/phone number changed since last appointment/report?				Yes	No
2. Who lives with yo	u at this address?				
3. Are you currently employed?				Yes	No
	nent changed since last ap w employer's information:	·		Yes	No
•	nool? Information changed since			Yes	No
5. Do you owe fines,	costs, restitution, etc.?			Yes	No
If yes, Are your pa How much are yo	ayments current? u ordered to pay monthly?	?		Yes	No
6. Are you ordered t	o complete Public Service	Work?		Yes	No
•	een assigned a worksite?			Yes	No
7. Are you ordered to attend counseling?  If yes, where:				Yes	No
Date of Last Appo	intment:	Dat	te of Next Appointme	ent:	
8. Do you have any other special conditions ordered by the Court?  If yes, what:				Yes	No
9. Have you had any contact with the police since your last appointment/report?  If yes, explain:				Yes	No
10. Have you used any drugs/alcohol since your last appointment/report?  If yes, what and when:				Yes	No
	y taking any medication? lications, dosages, etc			Yes	No
12. Who have you be	een spending most of your	time with?			
I certify the above in court ordered proba	nformation to be true and ation/supervision.	correct and I unders	stand that any falsifi	cation of my answers	is a violation of my
Signature			Date		