MONTHLY JUVENILE REPORTING FORM

Instructions: Forms need to be turned in to mail them to Clinton County Probation, 850 F drop them by the office. If we do not receive	airfax Room 120, Carl	yle, IL 6223	1; Fax th	nem to	594-0199; or
Today's Date:	Probation Officer: Carla Stalnaker				
Name:	Phone #:				
Address:	City:				
Please answer the following questions ho appointment or last monthly report form.	nestly based on wha	t has happe	ened sin	ice you	Ir last probation
What school do you attend?					
How many days of school have you missed s Why?					
Have you received any detentions/suspensions since your last appointment? If yes, explain:				No	
Do you work? YES NO If yes, Where?					
Have you completed any Public Service Work since your last appointment? If Yes, how many hours and where?		Yes	No	N/A	
Have you attended counseling since your last appointment? If yes, where?		Yes	No	N/A	
Have you been out after your curfew? If yes, when and why?		Yes	No	N/A	
Have you had any contacts with the police since your last appointment? If yes, explain:		Yes	No		
Have you used any drugs/alcohol since your last appointment? If yes, what and when:			Yes	No	
With whom have you been spending your tim	ne?				
What have you been doing in your free time?					

I certify the above information to be true and correct and I understand that any falsification of my answers is a violation of my court ordered probation/supervision.

Signature