

JUVENILE REPORTING FORM

Instructions: Fill out completely and honestly and turn in to the probation office on or about the 15th of each month. Completed forms may be emailed to carla.stalnaker@clintonco.illinois.gov, mailed to Clinton County Probation, 850 Fairfax Room 120, Carlyle, IL 62231, faxed to 618-594-0199; or dropped off at the office. If we do not receive the form by the 25th of the month it will constitute a failure to report.

Name: _____ Today's Date: _____
Address: _____ Phone: _____

1. Where are you attending school? _____
How many days have you missed in the last 30 days (month)? _____
Reason you missed? _____
Have you received any detentions/suspensions since your last appointment? _____
If yes, why: _____

2. Are you currently working? _____
If yes, where? _____

3. Are you attending counseling? _____
If yes, what type (Mental health, substance abuse, etc.)? _____
If yes, where? _____
Counselor's name: _____

4. Have you used any drugs since your last appointment (yes or no)? _____
If yes, what & when: _____

5. Are you taking any medication (yes or no)? _____
If yes, list medications: _____ Doctor's name: _____
_____ Doctor's name: _____
_____ Doctor's name: _____
_____ Doctor's name: _____

5. Were you ordered to complete Public Service Work (yes or no)? _____
Have you completed **ALL** of yours hours ordered (yes or no)? _____
If not completed, are you currently working on your hours (yes or no)? _____
If you are working on your hours, where are you completing them? _____

6. Have you had police contact since your last appointment (yes or no)? _____
If yes, explain: _____

7. Do you owe money (restitution, fees, costs, etc.) in this county? _____
If yes, how much are you ordered to pay a month? _____
Are your payments up-to-date (current)? _____
When did you make your last payment? _____ How much did you pay? _____

8. Do you have any upcoming court dates? _____
If yes, when: _____

I understand that if any of the information I have provided above is untrue it will constitute a violation of my supervision/probation.