

# TRI-COUNTY COMMUNITY CORRECTIONS - MONTHLY REPORT FORM

302 Scott St – PO Box 404 – Moro, OR 97039

PH: 541-565-0520 or 800-554-6854

FAX: 541-565-0525

## CURRENT LIVING SITUATION

Name: \_\_\_\_\_ Supervising Officer: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Names and relationship of all persons living with you: \_\_\_\_\_

Vehicle Information: Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ License #: \_\_\_\_\_

If you don't have a vehicle, how do you get to your appointments? \_\_\_\_\_

**T** or **F** – I am happy with my current living situation

**T** or **F** – Right now I sleep on a couch or the floor

**T** or **F** – I do feel safe at my current residence

**T** or **F** – Right now I am at risk of losing my housing

**T** or **F** – I currently have reliable transportation

**T** or **F** – I have changed my residence in the last month

## EMPLOYMENT / EDUCATION / FINANCIAL INFORMATION UNEMPLOYED SSI/SSD Retirement Pension

Current Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ I am working  Full-time  Part-time  On call/Seasonal  Other \_\_\_\_\_

Date Employed: \_\_\_\_\_ Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_

Rate of Pay: \$ \_\_\_\_\_ Per  HR  Day  WK  MO Number of days worked during the month: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

*(Attach copy of paystub to verify employment and income. If unemployed, attach employment contact sheet if required.)*

I am currently attending:  College  GED Classes  Vocational Training  Other: \_\_\_\_\_

School Name: \_\_\_\_\_  Full-time  Part-time Source of Funding: \_\_\_\_\_

I am looking for work, in the past month I have applied for \_\_\_\_\_ many jobs. **(N/A if in treatment or school)**

If not working, how do you support yourself? \_\_\_\_\_

**T** or **F** – I have recently changed or quit my job or school

**T** or **F** – My employment *status* has recently changed

**T** or **F** – I have enough money to buy important items (food) or pay important bills (utilities)

**T** or **F** – I have had one or more arguments with someone from work or school during the past month

## FAMILY / MARITAL RELATIONSHIPS

**T** or **F** or **N/A** – I have had problems with a spouse/partner or girlfriend/boyfriend during this past month

**T** or **F** or **N/A** – My spouse/partner or girlfriend/boyfriend has been very upset with me during this past month

**T** or **F** or **N/A** – My spouse/partner or girlfriend/boyfriend and I had fun together during this past month

My significant other's name is: \_\_\_\_\_ We have been together since: \_\_\_\_\_

## LEISURE / RECREATION / COMPANIONS

If not working or attending school, how do you spend your spare time? \_\_\_\_\_

On any day, who do you spend the most time with? \_\_\_\_\_

I am involved in the following organized activities: \_\_\_\_\_

**T** or **F** – I could make better use of my time

**T** or **F** – I have done fun or interesting things in the last month.

**T** or **F** – I have some criminal acquaintances

**T** or **F** – I have few anti-criminal acquaintances

**T** or **F** – I have some criminal friends

**T** or **F** – I have few anti-criminal friends

**SUBSTANCE ABUSE**

T or F – I've been places where alcohol was being used

T or F – I've been places where drugs were being used

T or F – I have felt a strong urge to drink alcohol

T or F – I have felt a strong urge to use drugs

T or F – I have gone to AA/NA meetings

T or F – I am having dreams of using drugs or alcohol

T or F – I have used alcohol during the past month

T or F – I have used drugs during the past month

If you are in treatment, what do you feel that you are gaining? \_\_\_\_\_

**ATTITUDE / ORIENTATION**

T or F – I feel like treatment and supervision is a burden and will not help me

T or F – More than once I have put off treatment assignments or other things that my PO asked me to do

How do you feel about supervision? \_\_\_\_\_

**HEALTH AND MEDICAL**

T or F – I am in a positive frame of mind

T or F – I am taking prescription medication \_\_\_\_\_

T or F – I see hope in my future

T or F – My medication has changed \_\_\_\_\_

T or F – I saw a mental health counselor in the past month - Agency: \_\_\_\_\_

T or F – I have a new medical condition - Briefly describe: \_\_\_\_\_

T or F – I have checked into or was taken to the emergency room this past month \_\_\_\_\_

T or F – No matter how much I work, it seems that treatment is just too hard

**PROBATION CONDITIONS**

Are you working on your CSW Hours? N/A No Yes Hours this month?: \_\_\_\_\_ Date last worked: \_\_\_\_\_

Where did you do your community service this month? \_\_\_\_\_ Supervisor: \_\_\_\_\_

Did you pay your supervision fees this month? No Yes- Last payment: \_\_\_\_\_ Amount: \_\_\_\_\_

Are you paying on court fines/fees? Paid full No Yes- Last payment: \_\_\_\_\_ Amount: \_\_\_\_\_

Are you participating in substance abuse treatment? No Yes- On what date did you last attend? \_\_\_\_\_

Who is your current treatment provider? \_\_\_\_\_ Who is your current counselor? \_\_\_\_\_

Are you participating in any other treatment? No Yes-What kind? \_\_\_\_\_ Date last attended: \_\_\_\_\_

Who is your current treatment provider? \_\_\_\_\_ Who is your current counselor? \_\_\_\_\_

Since you last reported, how many police contacts have you had? \_\_\_\_\_ Date(s): \_\_\_\_\_

If you have had police contact, please explain: \_\_\_\_\_

Is there anything that your PO could stop or start doing to assist you? \_\_\_\_\_

I certify that I have answered ALL questions on this form and that all of the above information is true to the best of my knowledge. I understand that any false statements made on this report may result in my arrest as a probation violation.

Signature

Date