

## MONTHLY REPORT TO PROBATION OFFICER – ADULT

- PROBATION OFFICER (if known) \_\_\_\_\_
- NAME: \_\_\_\_\_ DATE: \_\_\_\_\_
- ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(Number, Street, Apartment/Unit AND City, State, & Zip code)
- MAILING ADDRESS: \_\_\_\_\_  
(Post Office Box or Number, Street, Apartment/Unit AND City, State, & Zip code)
- NAME & RELATIONSHIP OF ALL OTHERS IN HOUSEHOLD: \_\_\_\_\_  
\_\_\_\_\_
- MAKE, YEAR, & LICENSE NUMBER OF THE VEHICLE YOU DRIVE: \_\_\_\_\_
- EMPLOYER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
SALARY: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
 Full Time  Part Time DAYS OFF: \_\_\_\_\_
- HAVE THE POLICE CONTACTED YOU THIS MONTH?  No  Yes - explain why in comments.
- ARE YOUR PAYMENTS CURRENT TO THIS OFFICE?  Yes  No - explain why in comments.
- ARE YOU REQUIRED TO ATTEND COUNSELING UNDER YOUR COURT ORDER?  Yes  No  
 I have enrolled in counseling.  I am currently attending counseling.  I completed my counseling.  
(Attach certificate or letter from counselor when you have completed the counseling.)  
Program or Counselor Name: \_\_\_\_\_ Start Date/Last Attended Date: \_\_\_\_\_  
 I am not enrolled. Explain why you are not enrolled. \_\_\_\_\_
- ARE YOU REQUIRED TO ATTEND ALCOHOLICS ANONYMOUS (AA) and/or NARCOTICS ANONYMOUS (NA) MEETINGS?  No  Yes - attach verification form. (P36/Drug Court give to counselor.)
- ARE YOU REQUIRED TO REGISTER AS AN OFFENDER? (Narcotics, Sex, Arson)  
 No  Yes - please give the name of the County where you are registered: \_\_\_\_\_

COMMENTS: (Use the back of this form or an additional sheet if you need more space)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This Monthly Report form must be completely filled in, signed, and turned in to the Probation Department on the last day of each and every month while you are on probation, along with AA/NA attendance verification and proof of payment toward your financial obligation. Failure to comply with any of the requirements of your grant of probation, or Deferred Entry of Judgement may result in a warrant being issued for your arrest.

SIGNATURE: \_\_\_\_\_

**IF YOU NEED FORMS PLEASE PROVIDE A SELF-ADDRESSED STAMPED ENVELOPE.**

**MAIL TO: Glenn County Probation Department  
541 West Oak Street  
Willows California 95988**

**Telephone Number: (530) 934-6416  
FAX Number: (530) 934-6468**