

MONTHLY REPORT TO PROBATION OFFICER-JUVENILE

PROBATION OFFICER: _____

YOUTH'S LEGAL NAME: _____ DATE: _____

HOME TELEPHONE: _____ CELL PHONE: _____

ADDRESS: _____
Street City County State Zip

MAILING ADDRESS IF DIFFERENT: _____

NAME OF SCHOOL: _____ GRADE: _____

Have you had any tardies, unexcused absences, detention or office referrals, etc., at school? NO or YES, this is what happened:

Please attach copies of most recent progress reports or report cards received since last reporting.

Do you have a job? NO or YES, I am working _____ hours per week at _____
doing _____ earning _____

Have you been in any trouble or had contact with a law enforcement officer since you last reported? NO or YES, this happened: _____

Please write a brief paragraph explaining what activities you have been doing since you last reported.

Are you attending counseling or the teenage drug and alcohol class? NO or YES If yes, please give dates and times:

Do you have community service hours? NO or YES If you have not completed them, please explain.

Parent comments:

Questions or Additional Comments: _____

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

DATE: _____ YOUTH'S SIGNATURE: _____

SEND OR BRING THIS REPORT WHEN DUE TO:

Phone: 530-934-6416
Fax: 530-934-6468

Glenn County Probation Department
Juvenile Division
541 W. Oak Street
Willows, CA 95988