

**MONTHLY REPORT**  
**REPORT FORM MUST BE SUBMITTED WITH \$35 MONTHLY SUPERVISION FEE**

To: CHIEF PROBATION OFFICER  
TRINITY COUNTY PROBATION DEPARTMENT  
P.O. BOX 158  
WEAVERVILLE, CA 96093  
PHONE: (530) 623-1204  
FAX: (530) 623-1237

ATTN: \_\_\_\_\_  
(Your Probation Officer's Name)

REPORT FOR THE MONTH OF: \_\_\_\_\_ 20\_\_

**NOTE: ALL lines must be filled in completely. Just writing "SAME" is not acceptable.**

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_  
(Name used when prosecuted) (Name presently using)

LOCATION OF HOME: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

\_\_\_\_\_ PHONE # \_\_\_\_\_  
(Mailing address if different from above) OR MESSAGE # (Include area code)

I LIVE WITH \_\_\_\_\_ PHONE # \_\_\_\_\_

AUTO: \_\_\_\_\_  
(Make) (Year) (Model) (Color) (License #) (Legal Owner)

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

PROBATION STATUS KNOWN AT MY EMPLOYMENT? Yes \_\_\_ No \_\_\_ BY WHOM: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

WORKING HOURS ARE: \_\_\_\_\_ TOTAL WAGES: \_\_\_\_\_

PURCHASES OVER \$500 THIS MONTH \_\_\_\_\_

I NEED MORE FORMS: **Please check:** Monthly Report forms \_\_\_ Misc. Attendance \_\_\_ NA/AA form \_\_\_

I PAID \$ \_\_\_\_\_ SUPERVISION FEE: \$ \_\_\_\_\_ FINES: \$ \_\_\_\_\_ RESTITUTION

I have completed \_\_\_\_\_ hours of community service this month.

I have attended AA/NA/AODS \_\_\_\_\_ times this month on \_\_\_\_\_  
(dates)

Have you been arrested, cited or contacted by law enforcement since the last report? Yes \_\_\_ No \_\_\_

If yes, explain \_\_\_\_\_

Please list any changes since your last report \_\_\_\_\_

THIS REPORT MUST BE **TRUTHFULLY** COMPLETED AND BE SUBMITTED TO THE PROBATION OFFICE **BEFORE**  
**THE FIFTH DAY OF THE MONTH** EITHER BY MAIL OR IN PERSON.

SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_