

MONTHLY SUPERVISION FORM

ADULT COURT SERVICES

200 N. Main Street, Sycamore, IL. 60178
815-895-7193 Fax: 815-895-1642

Probation Officer's Name: _____ Reporting Month: _____
Name: _____ Phone: _____
Address: _____ Apt#: _____ City: _____
Email Address: _____

Who do you live with? (First/Last Name): _____

Any Plans on Moving? YES NO New Address: _____

Any Plans for Travel Out of State in the Next 30 days? YES NO

To Where: _____

**Note, No Travel Pass will be able to be given unless a payment towards Fines and Fees is made prior to the Travel Pass being issued. If there is a Petition to Revoke your case on file with the Court, only the Judge can grant your travel pass.*

EMPLOYMENT STATUS (Check that which applies):

Full Time _____ Part Time _____ Unemployed _____ Public Aid _____ SSI _____
Name/Address/Phone of Employer: _____
Work Schedule: _____

Does your employer know that you are on Probation? YES NO

POLICE CONTACT:

Have you been arrested since your last appointment/report? YES NO

Date of Police Contact: _____ Ticket/Charges: _____
Where (City/State): _____ Next Court Date: _____

PROBATION CONDITIONS:

Have you made a Fines/Fee payment within the last 30 days? YES NO

If NO, how much will you pay with your officer at today's appointment?

\$10 \$15 \$20 \$25 \$50 \$100 Remainder of Balance

EXPECT TO MAKE A PAYMENT ON FINES AND FEES AT EVERY APPOINTMENT IF NO PAYMENT HAS BEEN MADE RECENTLY TO THE CLERK'S OFFICE.

Describe your progress towards the completion of Court Ordered Conditions: Public Service Work Hours, Alcohol/Drug Counseling, Domestic Violence Treatment, Anger Management, GED, Mental Health Evaluations, No Contact Orders, other:

Are there any current concerns that you wish to discuss?

Signing this is an indication that the information on this report is truthful and accurate.

Signature: _____ Date: _____