



CLACKAMAS COUNTY SHERIFF

Sheriff Angela Brandenburg

Jesse Ashby, Undersheriff

Michael Copenhaver, Undersheriff

Jenna Morrison, Undersheriff

Parole and Probation Division

MONTHLY REPORT

PLEASE PRINT

My Probation/Parole Officer is _____ Report is for the month of _____

Last Name _____ First Name _____ Middle _____ Date of birth _____

Home Address _____ Apt/Space _____ City _____ Zip _____

Mailing Address (if different) _____ City _____ Zip _____

Who lives with you? (Name/Relation) _____ Supervised? () yes no ()

Home Phone _____ Cell Phone _____ Message Phone _____

Email Address _____

Make/Model of vehicle you drive _____ Color _____ License Plate # _____

Employment/Education

Employer/School _____ Address _____ City _____ Zip _____

Contact Name _____ Phone _____ Email _____

Days (circle) Mon Tues Wed Thurs Fri Sat Sun Hrs _____ Monthly Income _____ (attach proof)

If not working, how are you financially supported? _____

Police Contact Did you have police contact? () yes no () Did you appear in Court? () yes no ()

Date _____ Location _____ (attach a copy of citation)

Explain _____

Treatment/Conditions

Are you in treatment? () yes no () If yes, name of Agency _____ Counselor _____

Are you taking prescribed medications? () yes no ()

If yes, please list _____

Are you going to weekly support groups? () yes no () If yes, please attach verification.

Are you doing Community Service? () yes no () Hours Remaining _____ Date last worked _____

Did you pay court fees/fines? () yes no () Amount Paid _____ Date Paid _____

I understand that any statements made that are later found to be untrue may result in a violation hearing or imposition of structured sanctions.

I affirm the above is true and correct.

Signature _____ Date _____