



HOOD RIVER COUNTY PAROLE/PROBATION
MONTHLY REPORT FORM
309 State Street, Hood River OR 97031 (541) 387-6862

Personal Information:

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Mailing Address: _____

****New Address:** _____

Phone: _____

Message phone: _____

EMAIL: _____

Others residing at current address: _____

Message to PO: _____

Monthly Responsibilities/Jail Check-in:

Are you checking in from custody? () Yes () No
If yes, you must see the Probation/Duty Officer.

Probation Officer: _____

Reporting Month: _____

Have you paid your fees? ☐ Yes \$ _____ ☐ No

CSW hours completed this month: _____

Court Fees paid: \$ _____

Restitution paid: \$ _____

Police Contact:

Have you had police contact this month? () Yes () No

If yes, explain: _____

Employment/School/SSI:

Receiving SSI? ☐ Yes ☐ No \$ _____

Attending School? ☐ Yes ☐ No

School Attending _____

Are you employed? ☐ Yes ☐ No

If employed: ☐ Part-time ☐ Full-time

Wages: \$ _____ ☐ Hr ☐ Wk ☐ Mo

Employer: _____

Employer Address: _____

Employer phone #: _____

Total household income: \$ _____

Vehicle Information:

Year: _____ Make _____ Model: _____

Color: _____ Lic Plate #: _____

Valid Driver's License? ☐ Yes ☐ No

Treatment(s) Attending: (check all that apply)

☐ Mid Columbia Center for Living A&D ☐ TSI/BIP

☐ Peer Mentor ☐ AA/NA ☐ MRT

☐ The Next Door/Parenting/HAPPA

☐ One Community Health/Providence ☐ Mental Health

☐ Other: _____

Action Plan Goals Completed	Date Complete

I acknowledge the above information to be true and correct.

Signature: _____ Date: _____