

Hood River Parole & Probation Monthly Report

(Please answer all questions)

The following information is for the Month of _____. Name of supervising officer _____

Sex Offender/ Domestic Violence & Supervision Compliance (past and present):

Treatment Provider _____ Counselor _____

Date you began treatment _____ Date last attended treatment _____ Treatment graduation date _____

Do you live with your victim? YES NO If yes, date of clarification _____ Approved by: _____

<p>Y N Is there someone you'd like to spend more time with than you do?</p> <p>T F I found myself in places where there are people I shouldn't be looking at.</p> <p>T F I have walked or driven around just to look at people I find attractive.</p> <p>T F I have been in contact with my victim(s) w/out PO and therapist approval.</p> <p>T F I have been in one or more situations where I did not expect children to be.</p> <p>T F Since we last met, have you ever felt like you were going to "Lose-it"?</p> <p>T F I have been feeling helpless and hopeless.</p> <p>T F I am feeling like treatment will never help me.</p> <p>T F No matter how much I work, it seems that treatment is just to hard.</p> <p>T F I have had thoughts or made plans to kill myself.</p>	<p>T F I have turned down invitations from others to do fun things.</p> <p>T F I haven't done anything fun or interesting in the last month.</p> <p>T F I have had one or more arguments with my family member this month.</p> <p>T F I have been around friends that I can count on to always see things my way.</p> <p>T F I have had problems with a spouse or girlfriend/ boyfriend this last month.</p> <p>T F My spouse or partner has been very upset with me.</p> <p>T F My spouse or partner has not been helping me.</p> <p>T F It seems that all my spouse/ partner and I do anymore is disagree.</p> <p>T F I have had one or more arguments with my employer this last month.</p> <p>T F I have had thoughts or made plans of killing or hurting someone else.</p>
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What is the most pleasant conversation you had with someone since we last met? _____

Since we last met, has there been anything that made you angry? _____

How did you handle the anger? _____

Of the things that got you angry since we last talked did any of them involve the opposite sex? _____ Who? _____

<p>T F I have had sexual thoughts that I can't control?</p> <p>T F When things go wrong, I find myself having sexual thoughts?</p> <p>T F Since we last met, have you felt sexual tension building up inside you?</p> <p>T F I find that I am thinking about sex a great deal of the time.</p> <p>T F I have bought, rented, or viewed sexually oriented materials.</p> <p>T F It seems that I cannot get my mind off of my victim(s) this past month.</p> <p>T F I had at least one week this last month when I masturbated 4 or more times.</p> <p>T F I have felt the strong urge to buy, rent, or view sexually oriented materials.</p> <p>T F I have had fantasies that would be a sexual offense if I really did them.</p>	<p>T F I have had one or more arguments with my therapist/ PO this last month.</p> <p>T F My PO and/or therapist have been bugging me without any good reason.</p> <p>T F I can take care of myself without PO or therapist involvement in my life.</p> <p>T F I have completely missed one or more appointments with my PO/Therapist.</p> <p>T F I have been more than five minutes late to an appointment with my PO.</p> <p>T F I have been more than five minutes late to a therapy session.</p> <p>T F More than once, I have put off treatment assignments.</p> <p>T F I have rescheduled or failed to report for my scheduled polygraph.</p> <p>T F I have lied to my PO and Therapist and have failed to comply with directives.</p>
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How important is sex to you these days? _____ How do I feel about supervision? _____

Polygraph (past and present):

Date of your last polygraph? _____ Pass Fail Inconclusive Polygraph Examiner _____

Have you completed a full-disclosure polygraph? YES NO If yes, date you completed _____

Substance Abuse (past and present):

Drug and Alcohol Treatment Provider _____ Counselor _____

Date you began treatment _____ Date last attended treatment _____ Treatment graduation date _____

<p>T F I have felt a strong urge to drink or use drugs.</p> <p>T F I have used alcohol or illegal drugs in the last month.</p> <p>How were you feeling before drinking/using? _____</p>	<p>T F I have been in places where there was alcohol or drugs being used.</p> <p>T F I have not gone to AA/NA treatment meetings, even though I should.</p> <p>Who were you with? _____</p>
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Mental/ Physical Health:

Case Worker/ Doctor: _____ List all Medications & Doses: _____

Employment/ Education and Financial: *Any changes?* Yes - *Fill out below* No - *Skip section*

Employer/College _____ Address _____

Work Supervisor/ School Advisor _____ Phone _____

Work/Credit Hours per Week _____ Hourly Pay Rate \$ _____ Other Income \$ _____ Net Monthly Income \$ _____

Rent/ House Payment \$ _____ Transportation \$ _____ Food/Utilities \$ _____ Other \$ _____ How many do you support? _____

Child Support \$ _____ per month . Are you current? Yes No If not, how far behind are you? _____

T F I have not been able to pay my rent or mortgage on time. T F I am more than \$200.00 behind in paying for treatment.

T F I have not had enough money to buy important items (food) or pay important bills (utilities).

Present Living Situation/Transportation:

House Apartment Other: _____ Buying Renting Leasing Boarding

With whom do you live? _____ Relationship? _____ Phone (Home/ Cell) _____

Physical Address: _____ Mailing Address (if different) _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Do you have a valid drivers license? YES NO, if yes, Drivers License # _____

Car Make _____ Model _____ Year _____ Color _____ Plate # _____

Are your vehicles insured? YES NO If yes, Insurance Company _____ Policy # _____

ANY STATEMENTS YOU HAVE MADE WHICH ARE LATER FOUND TO BE UNTRUE MAY RESULT IN A VIOLATION OF YOUR SUPERVISION.

PRINT NAME

DATE

SIGNATURE

DATE