



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

If you need more space,
please use the back.

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: _____