

ROOSEVELT COUNTY COURT COMPLIANCE MONTHLY REPORT

Name (Print): _____ Date: _____ Time: _____

Birthdate: _____ Phone: _____ Phone Provider: _____

Address: _____ City/State: _____

Is this a NEW address or phone number since last report: **Y N**

Who lives with you (names): _____

Are you employed: **Y N** Employer: _____ Employers Phone: _____

Hourly Salary: _____ Other income (SSI, child support, etc.): _____

HOW MUCH ARE YOU PAYING/SENDING TODAY: \$ _____

IF YOU ARE NOT PAYING TODAY, PLEASE EXPLAIN WHY AND WHEN YOU WILL MAKE YOUR PAYMENT: _____

SCHOOLS AND PROBATION REQUIREMENTS: If you have already completed a class, put "Yes".

Class	Attending/Completed (Yes or No)
DWI School	
Victim Impact Panel	
Celebrate	
Community Service	
Counseling: Who: _____	
Other: Name: _____	
Do you have Ignition Interlock Installed? With Who: _____	

Have you been arrested since last report: **Y N**

Any contacts with law enforcement: **Y N**

Have you violated any conditions of your probation since your last visit: **Y N**

Do you have any issues I need to know about: _____

All information on this report must be completed before returned to this office. If you fail to fill in ALL the fields on this report, your report may not be counted and warrant could be issued. I agree that all of the information on this report is true and accurate to the best of my knowledge. I understand that lying on this form will result in a probation violation and warrant being issued.

Offender Signature

(Date)