

**TRAVIS COUNTY COMMUNITY SUPERVISION PROGRAM
TRAVIS COUNTY DOMESTIC RELATIONS DIVISION
1010 LAVACA, P.O. BOX 1495
AUSTIN, TEXAS 78767
PHONE: (512) 854-9696 FAX: (512) 854-9819**

PROBATIONER'S MONTHLY REPORT

DRO ACCOUNT NUMBER: _____ OR OAG ACCOUNT NUMBER: _____

E-MAIL ADDRESS: _____

NAME: _____ HOME PHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____ CELL PHONE NUMBER: _____

HOME ADDRESS: _____

WITH WHOM ARE YOU LIVING WITH/RELATIONSHIP: _____

EMPLOYER NAME: _____ EMPLOYER PHONE NUMBER: _____

EMPLOYER ADDRESS: _____

TYPE OF WORK: _____ DOES EMPLOYER KNOW YOU ARE ON PROBATION? *CIRCLE*: YES OR NO

DO YOU WORK DAYS: _____ EVENINGS: _____ NIGHTS: _____ HOURS YOU WORK: _____ TO _____

IF EMPLOYMENT HAS CHANGED SINCE LAST REPORT, LIST NEW EMPLOYER'S NAME, ADDRESS, AND PHONE NUMBER: _____

NET INCOME LAST MONTH \$ _____ ARE CHILD SUPPORT PAYMENTS BEING DEDUCTED BY INCOME WITHOLDING? *CIRCLE*: YES OR NO

DATE OF LAST CHILD SUPPORT PAYMENT PAID: _____ AMOUNT: \$ _____

DO YOU OWN OR DIRVE A VEHICLE? *CIRCLE*: YES OR NO: MAKE: _____ MODEL: _____ YEAR: _____

COLOR: _____ OWNER: _____ LICENSE PLATE NUMBER: _____

STATE: _____ DRIVER'S LICENSE AND/OR ID NUMBER: _____

HAVE YOU BEEN ARRESTED SINCE LAST REPORT? *CIRCLE*: YES OR NO. IF SO, EXPLAIN. USE BACK OF MONTHLY REPORT IF NECESSARY. _____

AMOUNT OF PROBATION FEE PAYMENT SENT WITH REPORT: \$ _____

LIST ANY QUESTIONS AND/OR PROBLEMS YOU WISH TO DISCUSS WITH PROBATION OFFICER. USE BACK OF MONTHLY REPORT IF NECESSARY: _____

IF UNEMPLOYED, HOW LONG? _____ LIST LOCATIONS AND PHONE NUMBERS WHERE YOU HAVE LOOKED FOR EMPLOYMENT. USE THE OTHER SIDE OF MONTHLY REPORT IF NECESSARY: _____

IF COURT ORDERED, HAVE YOU ATTENDED COUNSELING, CHEMICAL DEPENDENCY COUNCELING, EDUCATIONAL PROGRAMS? IF SO, LIST LOCATIONS AND PHONE NUMBERS: USE BACK OF MONTHLY REPORT IF NECESSARY: _____

HEREBY ACKNOWLEDGE AND CERTIFY THAT I HAVE ANSWERED ALL QUESTIONS ABOVE, AND THAT THE INFORMATION IS TRUE AND CORRECT

SIGNATURE: _____ DATE: _____