

COUNTY OF SAN BENITO, OFFICE OF PROBATION DEPARTMENT
400 MONTEREY STREET
HOLLISTER, CA 95023
TELEPHONE (831) 636-4070
FAX (831) 636-5682

ADULT MONTHLY REPORTING FORM

Probation Officer: _____ Today's Date _____

Last Name _____ First _____ Middle _____ Alias _____

Address _____ City, State, ZIP _____

Mailing Address: _____ City, State, ZIP _____

New Address YES NO SS#: _____ Highest grade completed: _____

Home Phone _____ Cell Phone: _____ E-mail address: _____

DOB: _____ Height _____ Weight _____ Eyes _____ Hair _____ Race _____

Vehicle Make/Model: _____ Year _____ Color _____

CDL #: _____ Valid? YES NO License Plate _____

Current tags? YES NO Do you have Insurance? YES NO Carrier _____

Are you currently enrolled in counseling? YES NO Location? _____

Are you registered per 11590 HS _____ 290 PC _____ at you current address listed above? YES NO

REASON: _____

List any new tattoos, their meanings and location. _____

List any medical problems: _____

Are you being treated by a physician? YES NO Physician Name _____

List medications currently prescribed and the dosage: _____

List any over the counter medications you are currently taking: _____

Do you or anyone you live with have an infectious disease? YES / NO PLEASE EXPLAIN: _____

Source of Income: Job FDC/Food Stamps Disability Other: _____

Total Amount of Monthly income (including wages, child support, aid or gifts): \$ _____

If employed, please provide the following information:

Employer: _____

Address: _____ City _____ Phone _____

Job Title: _____ Monthly Income: \$ _____

Employment status: Fulltime Part time Seasonal Student None

List working hours for each day of the week. _____

Marital status: Single Married Divorced Separated Spouse's name _____

List all living children and dates of birth

Name(s) _____ DOB _____ Living with You? YES NO

Name(s) _____ DOB _____ Living with You? YES NO

Name(s) _____ DOB _____ Living with You? YES NO

Name(s) _____ DOB _____ Living with You? YES NO

Nearest living relative & relationship _____ Phone: _____

Person to contact in case of emergency: _____ Phone: _____

Please list additional occupants, ages and relationships residing with you:

Name	Relationship	Age	Probation/Parole Status
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all vehicles, running or not that may be parked outside of your residence and/or owned by all occupants.

Vehicle Make/Model _____	Year _____	Color _____	License Plate _____
Vehicle Make/Model _____	Year _____	Color _____	License Plate _____

Do you live in a locked or gated community? YES NO Provide combination/entry _____

Do you own home rent relative friend motel other Explain: _____

List amount or rent or mortgage paid each month. \$ _____

List other expenses, such as child support and include fines/fees paid each month.

EXPENSES PAID EACH MONTH:		OTHER	OTHER
Rent _____	Transportation _____	_____	_____
Utilities _____	PROBATION:	_____	_____
Car payments _____	Fines/Fees _____	_____	_____
Child support _____	Restitution _____	_____	_____

List Types and Number of Animals around your residence:

Breed / Animals' Name	Locations	Do they bite?		Are they vicious?	
		YES	NO	YES	NO
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have you had any Law Enforcement Contact? Were you cited and released, arrested or questioned since you last filled out a reporting form? If so, please explain:

List any storage units and addresses or areas/residences/sheds, etc. where you store your things.

Do you **reside / sleep / store** your things at another address? YES NO
Give Address _____ City _____ State _____ Zip _____

If this is your first time filling out this form or if you have changed address or rooms in the dwelling you currently live in, provide a floor plan of your residence. Include a description of the home, nearest cross streets, front/back entrance, your room and where each occupant sleeps.

Please draw your home floor plan:

I have filled out this form to the best of my knowledge with honesty and integrity and have signed under penalty of perjury.

Print Defendant Name _____

Signature of Defendant _____