COLLIN COUNTY COMMUNITY SUPERVISION & CORRECTIONS DEPARTMENT

❑ 2100 Bloomdale Rd., Suite 12262 • McKinney, TX 75071 • (972) 548-3660
❑ P.O. Box 2829, McKinney, • TX 75070 • (972) 547-5790
❑ 900 E. Park Blvd., Suite 200 • Plano, TX 75074 • (972) 881-3030

FOR OFFICE USE ONLY

TIME IN: _____

_____ Supervision Officer

_____ Appointment Time

NAME:_____

Present Address:_____
Street/P.O. Box *Apt. No.* *City* *State* *Zip*

Mailing Address:_____

Apartment Complex Name:_____ Gate code:_____

Home phone:_____ Cell phone:_____ Have you moved since last report? Y N

With whom do you live? (List full name and relationship) _____

How much are you paying today?_____ Current balance:_____ Are you following your payment agreement? Y N NA

Employer:_____ Phone:_____

Address:_____
Street *City* *State* *Zip*

Type of Work:_____ Weekly or monthly take home pay:_____

Does your employer know you are on supervision? Y N

If not working regularly, what is the reason you are not working?:_____

What has been your means of support (if not working)?:_____

Contact with <u>any</u> law enforcement <u>since your last report</u>: When?_____Where?_____ Arrested? Y N

No police contact, check here ❑

Have you violated any conditions of supervision since your last report? Yes No

If applicable: Have you had any contact with the co-defendant (s)? Yes No
Have you had any contact with victim(s) of the offense? Yes No
Have you entered any business or property that probation prohibits you from entering? Yes No

Beer/Wine/Liquor: Use <u>since last report</u>: Date: _____

How often are you drinking? (circle one) Daily 2-3 times/week Weekly Every 2 weeks Monthly Other _____

Other drugs (including marijuana, cocaine, amphetamines, opiates, etc.): Use <u>since last report</u>: Date: _____

Substance(s) Used:_____

How often are you using drugs? (circle one) Daily 2-3 times/week Weekly Every 2 weeks Monthly Other:_____

Counseling attended <u>since your last report</u>: When?_____ Where?_____ If none, check here ❑

Community service hours worked <u>since your last report</u>: Where?_____ How many hours?_____

Classes started/completed <u>since last report</u>: Class _____ Date started_____ Date Completed_____

Do you need a travel permit? Y N When: _____ Where: _____ Purpose: _____

Automobile make:_____ Model:_____ Color:_____ Year:_____

Tag/License plate number:_____ Driver's License #:_____ State:_____

Do you have a deep lung device installed in your car? Y N Issues? Y N Recalibration Date: _____

By signing below I swear that the information reported above is true and correct.

YOUR SIGNATURE:_____ **DATE:**_____

Revised 11/20/13