

COOS COUNTY COMMUNITY CORRECTIONS
155 N. Adams, Suite B, Coquille, OR 97423 (541-396-7700)

MONTHLY REPORT

Personal Information:

Name: _____
Address: _____

City: _____
State: _____
Mailing Address: _____
Is this a new address: Yes () No ()
Phone: _____
Message Phone: _____
Others residing at current address: _____
Email: _____

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: \$ _____

Treatment/Counseling:

Agency Name: _____
Counselor's Name: _____
Last Appt: _____ Next Appt: _____
Medication Taking: _____

Monthly Responsibilities:

Are you checking in from custody? Yes () No ()
If yes, you must see the Probation/Duty Officer.
Probation Officer: _____
Reporting Month: _____
Supervision Fees paid this month: \$ _____
Court Fees paid this month: \$ _____

Police Contact:

Have you had police contact this month?
If yes, explain: _____

Vehicle Information:

Year: _____ Make: _____ Model: _____
Color: _____ Lic Plate #: _____
Valid Driver's License? Yes () No ()

Community Agency Resources:

DHS/AFS () DHS/CPS () BAFS () DRC ()
ADAPT () AA/NA () Coastal Center ()
INOKA () COVE () Turning Point ()
Employment Dept () Voc Rehab ()

Caseworker: _____
Why contacted: _____

*****FOR SEX OFFENDERS ONLY*****

Have you had any contact with minors/victims? _____ Explain: _____

I acknowledge the above information is true and correct. Inaccurate information could result in prosecution for violation of supervision.

Signed: _____ Date _____