(Rev. 03/26/2020)

LEA COUNTY PROBATION MISDEMEANOR COMPLIANCE DWI PROGRAM



MONTHLY SUPERVISION REPORT FOR

_				TODAY'S I	DATE	
(Legal Name:)	DOB:	Probation Officer:			Client ID:	
	PART A: RESIDENCE (If new ad	ldress, attach copy of lease	e/purchase a	greement.)		
Street Address, Apt. Number:	Own or Rent?	Home Phone: Cellular Phone: Msg:				
City, State, Zip Code:		Names of Adults Living With You:				
Secondary Residence:	Own or Rent?	Did you move during the month? ☐ Yes ☐ No				
Mailing Address (if different):	E-Mail Address:	If yes, date moved:Reason for Moving:				
	PART B: EMPLOYMENT (If un	nemployed, list source of s	upport under	r Part D.)		
Name, Address, Phone No. of Employer:		Name of Immediate Supervisor: Is yo		Is your empl	s your employer aware of your riminal status: Yes No	
		How many days of work did you Why? miss this last month?				
		Position Held:	Hourly W	ages:	Current Work Schedule:	
Did you change jobs? ☐ Yes ☐ No Were you terminated? ☐ Yes ☐ No		If changed jobs or terminated, state when and why.				
PART C: VEHICLES (List all vehicles owned or driven by you.)						
1. Year/Make/Model/Color:	Mileage:	Tag Number: Owner:				
		Last 6 Digits of Vehicle	e I.D.#:			
2. Year/Make/Model/Color:	Mileage:	Tag Number:		Owner:		
		Last 6 Digits of Vehicle	e I.D.#:			
PART D: MONTHLY FINANCIAL STATEMENT						
Net Earnings from Employment: (Attach Proof of Earnings) Other Cash Inflows:		Are you past due on: Court fines?				
TOTAL MONTHLY INCOME:						
Do you have a checking Yes No Bank Name: Address Balance		Do you have any additional court ordered financial obligations not listed above such as alimony, child support, etc.? Yes No				
Do you have a savings account(s) Bank Name:	Type of payment:					
Address		Frequency:			nount:	
List any NEW identifying m	arks: (Mark Types to include -	Tattoos, piercings, sc	ars - Inclu	de body loca	ation and Description.)	

PART E: COMPLIANCE WITH CONDITIONS OF SUPERVISION DURING THE PAST MONTH					
Were you questioned by any law enforcement officers? Yes No	Were you arrested or named as a defendant in any criminal case? Yes No				
If yes, date:	If yes, when and where?				
Agency:	Charges:				
Reason:	Disposition:				
(Attach copy of citation, receipt, charges, disposition, etc.)					
Were any pending charges disposed of during the month?	Was anyone in your household arrested or questioned by law enforcement?				
Yes No	Yes No				
If yes, date:	If yes, whom?				
Court:	Reason:				
Disposition:	Disposition:				
Did you have any contact with anyone having a criminal record? Yes No	Did you possess or have access to a firearm? Yes No				
If yes, whom?	If yes, why?				
Did you possess or use any illegal drugs? Yes No	Did you travel outside Lea County without permission? Yes No				
If yes, type of drug:	If yes, when and where?				
Were you ordered to install an ignition interlock? Yes No If yes, provide the following:					
Install Date: Have you been locked out due to breath test? If yes, how many times?					
Do you have community service work to perform? Yes No	Do you have drug, alcohol, or mental health aftercare? Yes No				
Number of hours completed this month:	If yes, did you miss any sessions during this month? Yes No				
Number of hours missed:	Did you fail to respond to any Text Message and/or Voice Mail instructions? Yes No				
Balance of hours remaining:	If yes, why?				
WARNING: ANY FALSE STATEMENTS MAY RESULT IN REVOCATION OF PROBATION OR SUPERVISED RELEASE AND MAY LEAD TO ADDITIONAL INCARCERATION AND REVOCATION.	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT.				
	SIGNATURE DATE				
REMARKS:	NEXT APPOINTMENT:				
	A/D/TESTING				
	A/D TESTING:				
Lea County Court Compliance Officer Date	Date Time Initials:				