

**BUTTE COUNTY PROBATION DEPARTMENT
ADULT DIVISION – MONTHLY REPORT FORM (MRF)**

REPORT FOR THE MONTH OF: _____

MY PROBATION OFFICER IS: _____

(DATE STAMP HERE)

INSTRUCTIONS: PLEASE PRINT NEATLY. PROVIDE ALL INFORMATION REQUESTED. CHECK ALL BOXES THAT APPLY.

1. **NAME:** _____ **TELEPHONE** () _____
FIRST, MIDDLE, AND LAST NAME

2. **RESIDENCE ADDRESS:** _____
(Where you live) INCLUDE: STREET NUMBER & NAME, ANY APARTMENT OR SPACE NUMBER, CITY, STATE, AND ZIP CODE

3. **MAILING ADDRESS** (if different from residence address): _____

4. **PLEASE LIST EVERY PERSON WHO LIVES WITH YOU** (List additional people on reverse side):

Name: _____ Age: _____ Relationship to you _____
• Is this person on probation or parole? YES NO

Name: _____ Age: _____ Relationship to you _____
• Is this person on probation or parole? YES NO

Name: _____ Age: _____ Relationship to you _____
• Is this person on probation or parole? YES NO

Name: _____ Age: _____ Relationship to you _____
• Is this person on probation or parole? YES NO

5. **WHAT IS YOUR SOURCE OF INCOME?** (Check all that apply)

EMPLOYMENT SELF-EMPLOYED SPOUSE'S INCOME STUDENT LOANS/GRANTS PARENTS
PENSION PUBLIC ASSISTANCE (Welfare) WORKMAN'S COMPENSATION SSI SSD
OTHER (Please Describe): _____

5.a. **IF EMPLOYED**, What type of work do you do? _____

- Your employer's name and telephone no. _____
- What days & hours do you work? _____ What is your hourly wage? \$ _____

6. **HAVE YOU HAD ANY LAW ENFORCEMENT CONTACT SINCE YOU LAST REPORTED TO PROBATION?**

YES NO If YES, When(date): _____ Which law enforcement agency? _____

Were you arrested or did you receive a Notice to Appear? YES NO If YES, please explain (use back of form if necessary): _____

7. **ARE YOU CURRENTLY ON A CUSTODY ALTERNATIVE PROGRAM, Such as SWAP, ESP, Parole?**

YES NO If YES, which program? SWAP ESP Sheriff's Parole

7.a. Do you have a jail "turn in" date? YES NO If YES, what is the date? _____

8. **REGISTRATION:** Are you required to REGISTER as a NARCOTICS, ARSON, OR SEX OFFENDER?

YES (If YES, circle the category that applies, above) NO Is your registration current? YES NO

9. **COUNSELING/TREATMENT PROGRAMS:**

Are you currently participating/attending a counseling/treatment program? YES NO

- If YES please check which program(s): ADS EAP Domestic Violence Anger Management
Child Abuse Sex Offender ReVia SB-38/DUI School
 Other: _____

10. **ARE YOU ATTENDING AA or NA MEETINGS?** YES (Number of times each week? _____) NO

11. **ARE YOU TAKING ANY PRESCRIPTION MEDICATIONS?** YES NO If YES, please list on back of form.

12. **ARE YOU CURRENT WITH YOUR FINE AND/OR RESTITUTION PAYMENTS?** YES NO

12.a. Date last payment made: _____

12.b. If you are not current with payments, PLEASE EXPLAIN: _____

13. **PLEASE SIGN HERE:** _____ **DATE:** _____

Please mail this report (and any other requested logs or documentation) at the beginning of every month or as otherwise directed by your Probation Officer. If you need additional Monthly Report Forms, you may pick them up at the Butte County Probation Department or check the box below and they will be sent to you at the mailing address that you have listed above. Please note that any changes in address or contacts with law enforcement need to be reported immediately.

MAIL THIS REPORT TO: BUTTE COUNTY PROBATION DEPARTMENT
42 County Center Drive
Oroville, CA 95965

PLEASE SEND ME MORE MONTHLY REPORT FORMS