



BUTTE COUNTY PROBATION DEPARTMENT

42 County Center Drive
Oroville, California 95965-3377
(530) 538-7661/7395 Fax: (530) 538-7871



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JUVENILE DIVISION – MONTHLY REPORT FORM (MRF)

REPORT FOR MONTH OF: _____ 20____

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

1. NAME (OF MINOR) _____
HOME # (____) _____ CELL # (____) _____

2. PHYSICAL ADDRESS: _____
MAILING ADDRESS: SAME AS ABOVE
(IF DIFFERENT) _____

3. LIST ALL PERSONS LIVING IN YOUR HOME AND THEIR RELATION TO YOU:
(LIST ADDITIONAL PEOPLE ON REVERSE SIDE):
NAME: _____ D.O.B: _____ RELATIONSHIP TO YOU: _____
NAME: _____ D.O.B: _____ RELATIONSHIP TO YOU: _____

4. NAME OF SCHOOL YOU ATTEND: _____
NAME OF SCHOOL _____ CITY _____
CREDITS NEEDED TO GRADUATE: _____ ANTICIPATED GRADUATION DATE: _____

5. NAME OF EMPLOYER: _____
ADDRESS OF EMPLOYER: _____

6. HAVE YOU HAD LAW ENFORCEMENT CONTACT SINCE YOU LAST REPORTED? YES NO
IF YES, WHEN (DATE, CITY AND AGENCY YOU HAD CONTACT WITH):
DATE: _____ CITY: _____ AGENCY: _____
DID YOU RECEIVE A CITATION: YES NO
IF YES, EXPLAIN (USE BACK OF FORM IF NECESSARY): _____

7. DO YOU HAVE COMMUNITY SERVICE HOURS: YES NO
IF YES, WHERE ARE YOU COMPLETING THEM: _____
WHEN IS YOUR ANTICIPATED COMPLETION DATE: _____

8. ARE YOU CURRENT WITH YOUR FINE AND/OR RESTITUTION PAYMENTS? YES NO
IF YES, DATE OF LAST PAYMENT _____ AMOUNT STILL OWED: \$ _____
WHAT IS YOUR ANTICIPATED PAID IN FULL DATE: _____
IF YOU ARE NOT CURRENT WITH PAYMENTS, PLEASE EXPLAIN: _____

9. WERE YOU ORDERED TO COMPLETE ANY OTHER PROGRAMS (COUNSELING, ETC)? YES NO
IF YES, PLEASE LIST PROGRAM(S) AND COMPLETION DATE(OR ANTICIPATED COMPLETION DATE IF APPLICABLE):
PROGRAM _____ COMPLETION DATE _____
PROGRAM _____ COMPLETION DATE _____

PLEASE SIGN: _____ DATE: _____

Please mail this report and any other requested logs or documents by the 3RD of each month. If you need additional Monthly Report Forms, check the box below and they will be sent to you at the mailing address you have listed above. NOTE: Any changes in your address/phone number, or contacts with law enforcement need to be reported immediately. You may report these to (530) 538-7375.

MAIL THIS FORM TO: BUTTE COUNTY PROBATION DEPARTMENT
ATTN: JUVENILE ADMINISTRATIVE MAINTENANCE CASELOAD,
42 COUNTY CENTER DR. OROVILLE, CA 95965

PLEASE SEND ME MORE MONTHLY REPORT FORMS