IN THE CIRCUIT/COUNTY COURT OF THE 20TH JUDICIAL CIRCUIT IN AND FOR LEE COUNTY, FLORIDA PRETRIAL SERVICES

SUPERVISION REPORT

Case Number:		Initial Office Visit Standard Report Diversion Orientation
Assigned Officer:		
Demographic Information		
Name:	Alias:	
Address:	City:	Zip:
Home Phone:	_ Cell:	
Email/alternate contact:	_ Emergency Contact Name/#:	
Driver's License Number:	DL State: Status:	
Date of Birth: List all persons living in you	ır household:	
Have you moved or changed the above information since you last reported? Yes No		
Employment Information		
Employer:	Job title:	
Address:	City:	_ Zip:
Work Phone:	Work schedule:	
Has your employment changed since your last visit? ☐ yes ☐ no		
Legal Representation: If not represented, would you like to apply for the services of the Public Defender: Yes No Have you ever been on pretrial supervision or misdemeanor diversion before in Lee County? Yes No		
If yes, when:		
Have you been arrested or received a citation or notice to appear since being placed on pretrial supervision or entering misdemeanor diversion? If yes, explain:		
Next Court Date & Time:	Assigned Judge:	
Defendant's signature ORIGINAL: FILE	Date	Time Eff. 09/10/12