By the 5th of the month

CHARLOTTE COUNTY PROBATION DEPARTMENT
350 East Marion Avenue, Punta Gorda, FL, 33950 (941) 637-2227

MONTHLY REPORT

Case No:_____ **Probation Officer:** _____

Your Name: _____ **Employer Name:** _____

Address: _____ **Address:** _____

City/State/Zip Code:_____ **Work Phone:**_____

Home Phone: _____

Is address different from last report? ____*Yes* ____*No* **Employment: Full Time** ____ **Part Time** _____

WHAT WAS YOUR TOTAL INCOME LAST MONTH? .....**$**_____
If not working give reason and source of income_____

Did you go into debt for any reason?.....____**Yes** ____**No** _____**N/A**
If yes, explain: _____

Have you obtained a valid driver's license?.....____**Yes** _____**No** _____**N/A**
Have you provided proof to your officer?_____ **If not when?:**_____

Have you consumed alcohol since last report?.....___**Yes** ____**No** ____**N/A**
If yes, how much and why:_____

Have you completed DUI School?.....____**Yes** ____**No** ___**N/A**

Have you given completion certificate for DUI School to your Probation Officer?.....____**Yes** ____**No** ___**N/A**

Are you attending Counseling?.....____**Yes** ____**No** ___**N/A**
If yes, <u>what kind</u>, <u>where</u> and <u>how many sessions</u> attended?_____

Did you complete the Shoplifter's Course? .....____**Yes** ____**No** ___**N/A**

Have you paid the Community Service Fee?.....____**Yes** ____**No** ___**N/A**
How many Community Service / County Work Hours Completed?_____ **Where?**_____
If hours completed, have you turned in time sheet to your officer?.....____**Yes** ____**No** ___**N/A**

Are you paying this month's Cost of Supervision?.....____**Yes** ____**No** ___**N/A**
If no, why not?_____ **When?**_____

How much have you paid this month towards your Fines and Court Costs? $_____ **Balance $**_____

Do you have Restitution to pay?.....____**Yes** ____**No** **Balance $**_____

If you have any questions or problems to discuss with your officer, explain:_____
_____
_____

Have you had any contact with law enforcement? If so, what and when: _____
_____
_____

Make all checks or money orders payable to: Clerk of the Circuit Court

Your Signature:_____ **Today's Date:**_____