



Twentieth Judicial Circuit of Florida
 ADMINISTRATIVE OFFICE OF THE COURTS
 GLADES COUNTY PROBATION OFFICE
 P.O. BOX 579, Moore Haven, Florida 33471
 Tel (863) 946-6032 Fax (863) 946-0103

Monthly Reporting Form

Assigned Officer	Michelle Lanier	Today's Date:
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PLEASE: Answer all questions and print clearly and neatly.

Name:		Date of Birth:	
Physical address:		City/State:	Zip
Mailing address:		City/State:	Zip
Home Phone:	Cell Phone #:	Have you moved? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Place of Birth?		Vehicle Yr./Make/Model:	
Employer:		Your Email :	
Supervisor's Name:		Work phone:	
Salary amount: \$	If Not Working - Other Source of Income and Amount?		
Spouse's Name:		Spouse's Employer:	
List the name, address and phone number of one person who will know your whereabouts. Provide their name and telephone number.		NAME: PHONE:	
Have you been arrested/cited or had contact with law enforcement officials since your last report? If yes, please explain.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you used any drugs or alcohol during this reporting period?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there any reason you cannot comply with court orders? If yes, please explain.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you had contact with the victim? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, explain:			
Do you have any problems or requests you would like to discuss with your PO? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you driving? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a valid driver's license at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you paying your Cost of Supervision (\$50) today? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why?		Attending Classes? (DUI, BIP, Substance, Etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	

I have read this report and swear that the statements in it are true. I realize that giving false or misleading information shall constitute a violation of my probation, and a petition to revoke my probation may be filed.

Signed: _____ Dated: _____

Assigned Officer's Notes:	
Amount Paid: \$	
Receipt #:	