|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REPORT** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (Last, First, M.I.) | | | | | | | | | | Agent Name: | | | | | | | | Agent Number: | | | | | | | | | OV  HV |
| **COMPLETE ALL SEVEN (7) QUESTIONS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **CONTACT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address (Do not use PO Box): | | | | | | | | Apt./Unit #: | | | | | | City: | | | | | | | | | | | State: | | Zip Code: |
| Address type: | Home | | | | | Facility | | | | | | | | | Family | | | | | | | Temporary | | | | | |
| Mailing | | | | | Residential Services Placement | | | | | | | | | | | | | | | | Homeless | | | | | |
| Home Phone Number:  Primary? | | | Cell Phone Number:  Primary? | | | | | | | | | | | Email Address: | | | | | | | | | | | | | Personal  Business |
| 1. **EMPLOYMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous employment ended?  Yes  No | | | | | End Date: | | | | | | | Reason for leaving: | | | | | | Better Opportunity  Left for school  Other | | | | | | | | | |
| Employment Status: | Full Time | | | Part Time | | | | | Student | | | | | | Unemployed | | | | Retired | | | | | | | Disabled | |
| Business Name: | | | Occupation: | | | | | | | | | | | Supervisor: | | | | | | | | | | | | | Start Date: |
| Employer Phone Number: | | Work Hours: Varies?  From       m. to       m. | | | | | Average Hours per Week: | | | | | | | | | Pay Period | | | | Pay Rate $       / per pay period | | | | | | | |
| Annually | | | | | Monthly | | | | | | Bi-Weekly |
| Weekly | | | | | Daily | | | | | | Hourly |
| Employer Address: | | | | | | | | Suite / Unit #: | | | | | | City: | | | | | | | | | State: | | | | Zip Code: |
| 1. **EDUCATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| School: | | | | | | | | School Phone Number: | | | | | | | | | School Address: | | | | | | | | | | |
| Contact Person: | | | | | | | | | | | | | Currently Attending:  Yes  No | | | | | | | | | | | | | | |
| 1. **Have you had any police contact? (if yes, provide description below)** | | | | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Did you buy or change vehicle(s)?**   (if yes, request an DOC-56 Application to Purchase and/or Operate a Motor Vehicle) | | | | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | | |
| 1. **Has there been a change in your Income?** | | | | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | | |
| 1. **Will you be making a payment today** | | | | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | | |
| **Amount of today’s payment: $** | | | | | | | | | | | **Money Order #:** | | | | | | | | | | | | | | | | |
| Other Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I declare that the above information is a true account of my activities and financial status since my last report. I understand that any false information may be a violation of my supervision and I could be subject to progressive discipline, up to and including revocation of my supervision. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Client Signature: | | | | | | | | | | | | | | | | | | | | | | | Date Signed1: | | | | |
| Case Plan Notes: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Miscellaneous Supervision Notes: | | | | | | | | | | | | | | | | | | | | | | | | | | | |