OFFICE OF PROBATION - Division of:	☐ St. Croix ☐ St. Thomas/St. John
Monthly Supervision Report	
	Local: □ /
Reporting Month: Year:	
Probation Officer: ☐ ANDREWS ☐ BRISCOE ☐ DALEY ☐ GARCIA ☐ RI	
☐ CAGAN ☐ MATTHIAS ☐ ROGERS ☐ ROEBUCK ☐ WATLEY	Case type: ☐ Probation ☐ Parole
	·
Name: Home Address:	
(Give once only)	
Directions to your home:	
Mailing Address:	
Phone #(s): (H) (C)	antact Namo #
(c)cc	intact Name #
Did you move during the month?   yes   no If yes, explain why:	
The year more during the month. If year I no in year, explain they.	
Who do you live with? Relationship?	
Employer:Posit	ion: Phone #
Supervisor: Address:	
Colomb C. The /f I am # of decreased and the C. Did and the circumstate sixty.	
Salary: \$ [ ] hr /[ ] yr # of days worked weekly: Did you change jobs since your last visit?:	
□ves □ne If ves evaloin why	
☐ yes ☐ no If yes, explain why:  Did you receive any money other than from employment, such	Past due debts? ☐ yes ☐ no If yes, who owed:
as Public Assistance, Food Stamps, Disability, Unemployment?	Who?:Amount?: \$
□ yes □ no Source(s):	Who?:Amount?: \$
	Who?: Amount?: \$
Amount: \$	·
Were you arrested since your last visit?  yes no Date: Place:	
Charge(s): Disposition:	
Remarks:	
Cinn stone (M)	Dates
Signature: (X)  FOR OFFICE USE ONLY: DO I	Date:
Next Appointment: Moneys paid: \( \precedots \) yes \( \\$	
Next Appointment: wioneys paid. \(\pi\) yes \(\frac{\gamma}{2}\)	
Remarks: (Continue on back)	
Probation Officer's Signature:	Date:
Verification of Information Needed: ☐ Community Service ☐ Substance Abuse ☐ GED/Cont. Ed./Voc. ☐ AA/NA Meeting	
☐ Men's Coalition ☐ Parenting Skills ☐ Mental Health ☐ Women's Coalition ☐ Employment ☐ Random Drug Testing	

REV: 01/07/2016