

FLORIDA DEPARTMENT OF CORRECTIONS
SUPERVISION REPORT
(FOR THE MONTH OF _____)

NAME: _____ DC#: _____

OFFICER NAME/LOCATION: _____

RESIDENCE:

Street Address: _____ City: _____ Zip: _____

Building: _____ Apt#: _____ Lot#: _____ Code to access security gate: _____

LIST FULL NAMES, AGES, AND RELATIONSHIP OF OTHERS WHO CURRENTLY LIVE AT THIS RESIDENCE (Note if anyone is on supervision):

HOME PHONE NUMBER: _____ CELLULAR PHONE NUMBER: _____

EMAIL ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE): _____

VEHICLE - _____

MAKE	MODEL	YEAR	COLOR	TAG#
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CHECK CURRENT STATUS OF DRIVER'S LICENSE: Valid Revoked (Date: _____) Suspended (Date: _____)

EMPLOYMENT:

Employer Name: _____

Supervisor Name: _____ Phone: _____

Employment Address: _____
Street City State Zip

Your job title: _____

Job Duties: _____

SALARY/INCOME EARNED (for past month): _____ DATE BEGAN: _____ DATE ENDED: _____

Typical Days/Hours Worked: _____

NOTE: If unemployed (and not retired, disabled or a full-time student), attach completed Job Search form or list for the month.

STUDENT/SCHOOL: N/A

Type of Class/School Attending: High School College Adult Education Vocational Other Course Online Classes

School/Class Name: _____ Phone#: _____

Address: _____
Street City State Zip

Total Semester/Quarter Hours Enrolled: _____

Date Class or Semester Began: _____ Date Ended: _____ (Attach proof of enrollment or ending report)

Page 1 of 2 - Please complete the other/reverse side of this report (OVER)

SPECIAL CONDITIONS OF SUPERVISION – List progress made this past month on special conditions ordered, including:

PUBLIC SERVICE HOURS: _____ **MONETARY PAYMENT:** _____ **OTHER:** _____

TREATMENT ATTENDED THIS PAST MONTH: _____

NOTE: Attach required Support Group Attendance forms, driving logs, public service work documentation, etc. as required.

PAYMENTS: Payments may be made by either U. S. Mail or credit card using one of the services described on the DC Public Web site, www.dc.state.fl.us under the Probation link "FAQS" - Frequently Asked Questions– Four Ways to Pay Court Ordered Payments.

CONTACT WITH LAW ENFORCEMENT – If you had any contact with law enforcement this past month, explain details here: _____



Do you have a problem or concern you would like to discuss with your probation officer? YES NO

How did you spend your free time last month? _____

PERSONAL GOALS: Write each of your top 2 goals you are working to achieve. Indicate at least 2 action steps you took last month and 2 action steps you will take this month to achieve each goal.

GOAL # 1:

ACTION STEPS I TOOK LAST MONTH:

1. _____

2. _____

ACTION STEPS I WILL TAKE THIS MONTH:

1. _____

2. _____

GOAL # 2:

ACTION STEPS I TOOK LAST MONTH:

1. _____

2. _____

ACTION STEPS I WILL TAKE THIS MONTH:

1. _____

2. _____

Signature

Date

Signature of Officer Receiving Report

Date Report Reviewed

Officer Comments: _____