

WICHITA COUNTY MONTHLY REPORT FORM

W E B

Date _____

Assigned Officer _____

Community Supervision and
Corrections Department
P.O. Box 179
Wichita Falls, TX 76307-0179
(940) 766-8213 www.wcprob.org

INSTRUCTIONS:

- 1. The Court has ordered that you report each and every month.
2. Should you miss your scheduled report date, contact your assigned community supervision officer. This form is valid ONLY for the month it is received.
3. Answer every question, even if the answer is the same as on previous reports. If a question does not apply, write "N/A."

Cell Phone _____

Name _____ DATE OF BIRTH _____ Phone _____

Address _____

Street or Route No. Apt. No. City State Zip

(THIS IS TO BE THE ADDRESS WHERE YOU ACTUALLY LIVE)

List person(s) living with you _____ Relationship _____

Circle which best describes your current job status

EMPLOYED UNEMPLOYED STUDENT/RETIRED HOME MAKER DISABLED

Current employer _____

Employer's address _____

Street or Route No. Apt. No. City State Zip

Supervisor's name _____ Employer's phone _____

Shift hours worked _____ to _____ Weekly total _____ Days off _____

Hourly wage _____ Monthly total wage _____

Days missed work since last report__ Reason_____

Is your employer aware of your community supervision? yes _____ no _____

Have you changed employment since last report? yes _____ no _____

Amount received monthly from the following benefits: N/A _____ AFDC\$ _____

Food stamps \$ _____ Social Security/SSI \$ _____ Unemployment\$ _____

Worker's comp \$ _____ Other \$ _____

I am enclosing a cashier's check or money order for \$ _____ (including the \$2.00 Administrative Fee) which is in payment for my court ordered fees.

If you are mailing your payment(s), include your name and address on the instrument and use a security envelope. Cashier's checks or money orders should be made out to Wichita County CSCD or Wichita County Adult Probation.

DO NOT SEND CASH, PERSONAL OR BUSINESS CHECKS.

IF NO PAYMENT IS MADE, EXPLAIN THE REASON ON THE BACK OF THIS FORM.

continued=>

Wichita County Monthly Report Form, continued

W E B

Has the Court ordered you to pay child support? yes _____ no _____

Monthly amount _____ Are you current on your payments? yes _____ no _____

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Do you own or operate a motor vehicle? yes _____ no _____

Make _____ Model _____ Year _____ Color _____ Tag No. _____

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Have you been arrested since your last report? yes _____ no _____

If yes, write complete details in the blank space below your signature.

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Have you completed your community service restitution hours for this month?

yes _____ where? _____

If not, explain: _____

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I have read this report and all questions have been answered correctly. I understand this information may be verified by the Community Supervision and Corrections Department.

Defendant's signature

Interviewing Supervision Officer

Additional comments: _____
