

Dallas County Community Supervision and Corrections Department



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HAVE YOU CHANGED RESIDENCE? YES \_\_\_ NO \_\_\_ HAVE YOU CHANGED EMPLOYMENT? YES \_\_\_ NO \_\_\_  
HAVE YOU BEEN ARRESTED? YES \_\_\_ NO \_\_\_ If yes, WHEN? \_\_\_\_\_  
ARRESTING AGENCY \_\_\_\_\_ WHY? \_\_\_\_\_  
ARE YOU MAKING A PAYMENT TODAY? YES \_\_\_ NO \_\_\_ HOW MUCH? \_\_\_\_\_

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NAME \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_  
Home Cell  
Address \_\_\_\_\_  
Number and Street Apt. #/Complex Name City State Zip  
E-Mail address \_\_\_\_\_ @ \_\_\_\_\_  
Name and relationship of person (s) you are living with? \_\_\_\_\_

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EMPLOYER \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Number and Street City State Zip  
Work Days/Hours \_\_\_\_\_ Days Off \_\_\_\_\_ Income \_\_\_\_\_  
Does your employer know you are on probation? YES \_\_\_ NO \_\_\_  
Will your employer allow visits to your jobs? YES \_\_\_ NO \_\_\_  
Have you used alcohol or drugs in the past month? YES \_\_\_ NO \_\_\_

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SCHOOL ATTENDING: \_\_\_\_\_ WHERE? \_\_\_\_\_  
Schedule: \_\_\_\_\_

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Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Number and Street City State Zip

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Motor Vehicle: \_\_\_\_\_  
Make Model Color Year License Plate Number

FOR DWI/Alcohol related cases ONLY. Is your driver's license current? YES \_\_\_ / NO \_\_\_

If not, who provides your transportation? (Name & Number) \_\_\_\_\_

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I acknowledge the above information is true and correct. I acknowledge I am to report as directed and comply with all conditions of probation.

\_\_\_\_\_  
Probationer's Signature Date

\_\_\_\_\_  
Who is your Officer? Officer Taking the Report Date  
(For officer use only)