

Probation Officer: \_\_\_\_\_

**MAIL THIS REPORT ON THE 1ST DAY OF THE MONTH**

DATE: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

With whom do you live? Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Number of dependents you support, including yourself: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Does your employer know you are on probation? \_\_\_\_\_

MONTHLY INCOME

MONTHLY EXPENSES

Your Monthly Take Home Pay \$ \_\_\_\_\_

Rent or House Payment \$ \_\_\_\_\_

Spouse's Take Home Pay \_\_\_\_\_

Food \_\_\_\_\_

County or State Aid \_\_\_\_\_

Utilities \_\_\_\_\_

Unemployment Insurance \_\_\_\_\_

Clothing \_\_\_\_\_

Other (Explain) \_\_\_\_\_

Municipal Court Fine \_\_\_\_\_

Superior Court Fine/Fees \_\_\_\_\_

Other Expenses (Please list or explain): \_\_\_\_\_

TOTAL MONTHLY INCOME \$ \_\_\_\_\_

TOTAL EXPENSES \$ \_\_\_\_\_

Car Information:      Make                      License No.                      Model                      Year                      Color

Car 1      \_\_\_\_\_

Car 2      \_\_\_\_\_

Have you been questioned, cited, arrested, jailed or in court since last report? \_\_\_\_\_

Date: \_\_\_\_\_ Where: \_\_\_\_\_ Charge: \_\_\_\_\_ Result: \_\_\_\_\_

(Use other side of form for remarks)

The above statements are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

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NEVADA COUNTY PROBATION DEPARTMENT  
109 1/2 NORTH PINE STREET  
NEVADA CITY, CALIFORNIA 95959-2511