



JACKSON COUNTY COMMUNITY JUSTICE

**1101 W Main St., Ste 101
Medford, OR 97501**

MONTHLY REPORT

This report is for the month of _____, 20____ Date of birth: _____

Supervising officer's name: _____

Name: _____

Cell Phone: _____ Is this a new #? _____ Message Phone: _____

Email Address: _____

Address: _____ Is this a new address? YES / NO

City / State / Zip: _____

Others in home: _____

Car make & model: _____ Color: _____ License: _____

EMPLOYMENT / EDUCATION

Employer / School: _____ Hours: _____

Address: _____ Phone number: _____

Wages: _____ Other income: _____

Has your employment changed recently? _____ If yes, explain: _____

TREATMENT / COUNSELING / COMMUNITY RESOURCES

Agency: _____ Next appointment: _____

Primary counselor: _____ Group date/time: _____

Did you miss any treatments appointments? _____ If yes, why? _____

LEGAL OBLIGATIONS / COMMUNITY SERVICE

Date to be completed: _____

Community Service location / address: _____

Hours ordered: _____ Hours left: _____ Hours Completed this month: _____

FINANCIAL OBLIGATIONS:

Restitution: \$ _____ Amt. Paid _____ Amt. Remaining _____

Other court costs: \$ _____ Amt. Paid _____ Amt. Remaining _____

Supervision fees: \$ _____ Amt. Paid _____ Amt. Remaining _____

ADDITIONAL INFORMATION:

Have you had any police contact? _____ If yes, explain (or use for any comments): _____

I affirm the above is true and correct:

Name: _____ Date: _____