



**LOW RISK LEVEL SUPERVISION REPORT FORM**

DATE RECEIVED:

Name:									
Home Telephone: <i>Has this changed in past 30 days:</i> <input type="checkbox"/> No <input type="checkbox"/> Yes					Cell Phone: <i>Has this changed in past 30 days:</i> <input type="checkbox"/> No <input type="checkbox"/> Yes				
Cell Phone Provider:							Ok to receive text messages: <input type="checkbox"/> No <input type="checkbox"/> Yes		
Address: <i>Has this changed in past 30 days:</i> <input type="checkbox"/> No <input type="checkbox"/> Yes					City:			State:	Zip:
Mailing Address: (if different than above)					City:			State:	Zip:
Email Address: <i>Has this changed in past 30 days:</i> <input type="checkbox"/> No <input type="checkbox"/> Yes				With whom do you reside? (Include names and relationships)				<i>Has this changed in past 30 days?</i> <input type="checkbox"/> No <input type="checkbox"/> Yes	
Emergency Contact: (Include name, relationship) <i>Has this changed in past 30 days:</i> <input type="checkbox"/> No <input type="checkbox"/> Yes									
Emergency Contact Address:					Telephone Number:		Cell Phone Number:		
Name of Present Employer / School: <i>Has this changed in the past 30 days:</i> <input type="checkbox"/> No <input type="checkbox"/> Yes							Employer's Phone Number:		
Present Employer Address:				City:			State:	Zip:	
Name of Employment Supervisor:				Is your employer aware you are on probation/parole? <input type="checkbox"/> No <input type="checkbox"/> Yes			Total income for the past 30 days?		
Do you own a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Make:		Model:	Year:	License Plate Number:		Vehicle Color/Description:		
Have you had police contact or been arrested in the past 30 days? <input type="checkbox"/> No <input type="checkbox"/> Yes		Date of arrest:	Arresting Police Department:		Charge(s):				
<b>PAYMENTS MADE (Include Copy of Receipts)</b>									
Court Costs:		Date of Payment:		Restitution		Date of Payment:		Intervention Fees:      Date of Payment:	
Child Support Case Number:				Amount of Payment:		Date of Payment:		Com Serv Hrs Ordered: # Completed:	
Signature:				Date: <i>(Required)</i>		Accepted by:		Date:	
<b>Any other Questions or Concerns for your Officer?</b>									