

CHAMPAIGN COUNTY PROBATION AND COURT SERVICES

Shannon L. Siders
Director

Probation Services
Courthouse
101 E. Main Street
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Detention Services
400 S. Art Bartell Road
Urbana, IL 61802
Phone: (217) 384-3780
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PROBATION OFFICER:

ADULT MAIL-IN WRITTEN REPORT

This report must be postmarked by the 15th day of the reporting month. You are to fill out this report in its entirety. In addition, you are to provide your Probation Officer with verification of your employment, place of residence and, if unemployed, a list of places you have applied for work. This verification may consist of sending a recent copy of your paycheck stub and a recent copy of a utility bill which shows your address. A completed affidavit may be used to verify places you have applied for employment. Failure to submit this report and verification could result in a Probation Violation Report being filed with the Court.

Month of Report: _____ Last Four Digits of Your Social Security #: _____

Your Probation Officer: _____

Your Name: _____

Telephone Number (Home and/or Cell): _____

Your Address: _____

Names of Persons Living with You: _____

REGARDING YOUR EMPLOYMENT

Name of Employer: _____

Provide Complete Address and Phone Number of Employer: _____

Your Supervisor's Name: _____

Last Month's Take Home Pay: \$ _____ Number of Hours Worked Last Month: _____

Does your Employer know you are on Probation? YES NO (Circle One) If no, why not? _____

IF YOU ARE UNEMPLOYED, ATTACH EMPLOYMENT AFFIDAVIT AND MAIL WITH THIS REPORT

DO YOU RECEIVE ANY OF THE FOLLOWING? (Circle Yes or No in Each Category)

Public Aid Yes No Social Security Yes No

Unemployment Yes No Worker's Yes No
Compensation Compensation

Total Amount Received Per Month: \$ _____ Date Last Check Received: _____

(OVER)

AMOUNT OF MONEY PAID TO THE COURT OR PUBLIC SERVICE WORK PERFORMED

(since your last report)

Total Amount Paid on Court Costs, Fines,
Restitution or Probation Service Fees: \$ _____

If no payments made, state reason: _____

Total Number of Hours of
Public Service Work Performed: _____

If no PSW hours completed, state reason: _____

ARRESTS/POLICE CONTACT

If you have been arrested or had any contact with the police in the past month (or that we have not discussed), please explain (include date of contact, name of police agency/department, what happened, and court date or ticket date):

GROUP ATTENDANCE

Please list any evaluations that you were to complete or groups that you are attending, including where you are attending and if you are attending as directed (if not attending as directed, why not?):

Mental Health Evaluation or Treatment: _____

Anger Management or PAIP (Partner Abuse Intervention Program) Classes: _____

Substance Abuse Evaluation or Treatment: _____

ANYTHING ELSE YOU WOULD LIKE TO SHARE

All information I have provided in this report is true and accurate to the best of my knowledge and belief.

Signature

Date

HAVE YOU ENCLOSED THE REQUIRED VERIFICATIONS?

- PAYCHECK STUB (proof of employment)
- PIECE OF MAIL (proof of address)
- CIRCUIT CLERK'S RECEIPTS (proof of payment of Court Costs, Fines, Restitution, or Probation Service Fees)

Revised December 2018