

MONTHLY REPORT FORM—JUVENILE

SEND OR DELIVER TO:

CASE #: _____ DPO: Bradford / Atterberry

Trinity County Probation Department
333 Tom Bell Road / P.O. Box 158
Weaverville, CA 96093
Phone: (530) 623-1204 FAX: (530) 623-1237

DATE: _____

NOTE: This form is due on the *FIRST* day of each month. Fill in all applicable lines completely. Just writing "same" is not acceptable.

- Check this box if this is a new address.
- Check this box if requesting additional Monthly Report Forms mailed to you.

Name: _____ Phone No. _____

Address: _____
Street Number City State Zip Code

Mailing Address: _____
Street Number City State Zip Code

I live with: _____
 Parent(s) Guardian Foster Parent(s)
 Other _____

School: _____ Grade: _____

Last Grades Received: _____

I have attended regularly Yes No Days Absent: _____ Reason: _____

Have you been Suspended Expelled Other Disciplinary Action

If so, please explain in detail _____

Fill Out the Following If Applicable:

I work at: _____ Address: _____

Job Title: _____ Hours Worked: _____ Earnings: \$ _____

Money owed: Assessment Amount: \$ _____

Restitution Amount: \$ _____

Enclosed Amount: \$ _____ for: _____

Community Service: Hours Assigned: _____ Completed to Date: _____

Statement of Minor (50 words)

I certify that this report is true to the best of my knowledge.

Juvenile's Signature

Statement of Parent or Guardian

Parent Signature: _____