

FLORIDA DEPARTMENT OF CORRECTIONS
SUPERVISION REPORT

NAME: _____ DC#: _____

OFFICER NAME/LOCATION: _____

RESIDENCE CHANGES – Did you contact your probation officer to report any change in your residence this past month? If not, provide your new address below and immediately discuss this residence change with your probation officer.

NO CHANGE TO REPORT NEW ADDRESS (within last month) listed below:

Street Address: _____ City: _____ Zip: _____

Building: _____ Apt#: _____ Lot#: _____ Code to access security gate: _____

LIST FULL NAMES, AGES, AND RELATIONSHIP OF OTHERS WHO LIVE AT THIS NEW RESIDENCE (Note if anyone is on supervision):

EMPLOYMENT CHANGES - Did you contact your probation officer to report any change in your employment this past month, for example, start a new job, lost job, quit job, started or left second job, unable to work, begin receiving social security or other benefits, etc.? If not, provide updated employment information below and immediately discuss this with your probation officer.

NO CHANGE TO REPORT EMPLOYMENT CHANGE (within last month) listed below:

Employer Name: _____ Phone: _____

Employment Address: _____
Street City State Zip

Your job title and brief description of job duties: _____

SALARY/INCOME EARNED (for past month): _____ DATE BEGAN: _____ DATE ENDED: _____

FULLTIME (40 hours or more each week) PART-TIME (Total Number of Hours for Month): _____

NOTE: If unemployed (and not retired, disabled or a full-time student), attach completed Job Search form for the month.

STUDENT/SCHOOL CHANGES - Did you contact your probation officer to report any change in your school this past month, for example, began taking classes, obtained GED, etc. If not, provide updated school information below and immediately discuss this with your probation officer.

NO CHANGE TO REPORT STUDENT CHANGE (within last month) listed below:

Type of Class/School Attending: High School College Adult Education Vocational Other Course Online Classes

School/Class Name: _____ Phone#: _____

Address: _____
Street City State Zip

Total Semester/Quarter Hours Enrolled: _____

Date Class or Semester Began: _____ Date Ended: _____ (Attach proof of enrollment or ending report)

PHONE OR EMAIL CHANGES – Provide changes to your home telephone, cell phone, work telephone, or email made this past month here:

VEHICLE - _____
MAKE MODEL YEAR COLOR TAG#

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PAYMENTS: Payments may be made by either U. S. Mail or credit card using one of the services described on the DC Public Web site, www.dc.state.fl.us under the Probation link "FAQS" - Frequently Asked Questions- Four Ways to Pay Court Ordered Payments.

SPECIAL CONDITIONS OF SUPERVISION – List progress made this past month on special conditions ordered, including:

PUBLIC SERVICE HOURS: _____ **RESTITUTION PAYMENT:** _____ **OTHER:** _____

NOTE: Attach required Support Group Attendance forms, driving logs, public service work documentation, etc. as required.

CONTACT WITH LAW ENFORCEMENT – If you had any contact with law enforcement this past month, explain details here: _____

PERSONAL GOALS: Write each of your top 2 goals you are working to achieve. Indicate at least 2 action steps you took last month and 2 action steps you will take this month to achieve each goal.

GOAL # 1:

ACTION STEPS I TOOK LAST MONTH:

1. _____

2. _____

3. _____

ACTION STEPS I WILL TAKE THIS MONTH:

1. _____

2. _____

3. _____

GOAL # 2:

ACTION STEPS I TOOK LAST MONTH:

1. _____

2. _____

3. _____

ACTION STEPS I WILL TAKE THIS MONTH:

1. _____

2. _____

3. _____

Signature

Date