

FLORIDA DEPARTMENT OF CORRECTIONS  
**SUPERVISION REPORT**  
(FOR THE MONTH OF \_\_\_\_\_)

NAME: \_\_\_\_\_ DC#: \_\_\_\_\_

OFFICER NAME/LOCATION: \_\_\_\_\_

**RESIDENCE:**

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Building: \_\_\_\_\_ Apt#: \_\_\_\_\_ Lot#: \_\_\_\_\_ Code to access security gate: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CELLULAR PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE): \_\_\_\_\_

**VEHICLE -** \_\_\_\_\_

MAKE	MODEL	YEAR	COLOR	TAG#
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CHECK CURRENT STATUS OF DRIVER'S LICENSE:  Valid  Revoked (Date: \_\_\_\_\_)  Suspended (Date: \_\_\_\_\_)

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**EMPLOYMENT:**

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employment Address: \_\_\_\_\_  
Street City State Zip

Your job title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

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

Typical Days/Hours Worked: \_\_\_\_\_

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

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**STUDENT/SCHOOL:**  N/A

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)

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