GUADALUPE COUNTY COMMUNITY SUPERVISION AND CORRECTIONS DEPT.

209 EAST DONEGAN STREET, SEGUIN, TEXAS 78155 (830) 379-7270 METRO (830) 303-2703
1052 FM 78 SUITE 105, SCHERTZ, TEXAS 78154 (210) 945-8280

MONTHLY REPORT FORM

BE SURE TO COMPLETE EACH AND EVERY BLANK – IF NOT APPLICABLE, PUT N/A

NAME:_____HOME PHONE#: (_____)_____CELL#: (_____)_____

ADDRESS: _____CITY, STATE, ZIP_____

E-MAIL ADDRESS: _____

☐ Check if this is a new address

MAILING ADDRESS (if different than above):_____

Who lives in the same house with you? What RELATION are they?

1)_____R:_____2)_____R:_____3)_____R:_____

4)_____R:_____5)_____R:_____6)_____R:_____

EMPLOYER:_____ADDRESS: _____
CITY, STATE, ZIP_____PHONE:_____

How long? _____ Describe your job: _____ Wages:_____ Work Hours: _____

☐ Check if this is a new job.

Check the appropriate box. **Since your last report, have you**:

YES	NO	
		Made your payments?
		Been arrested or questioned by law enforcement? If so, for what? _____ When? _____ Where? _____
		Received a traffic ticket? If so, explain.
		Used alcohol or illegal drugs? If so, explain.
		Violated any conditions of supervision? If so, explain.
		Gotten married/separated/divorced?
		Do you own or drive a car? If so, Make/Model _____ Year_____ Color_____ License Plate _____ Your Driver's License#_____

DATE:_____ SIGNATURE:_____

DO NOT WRITE BELOW THIS LINE OFFICER USE ONLY

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