

MONTHLY REPORT FORM—JUVENILE

SEND OR DELIVER TO:

Siskiyou County Probation Department
805 Juvenile Lane
Yreka, CA 96097
Phone: (530) 841-4180 FAX: (530) 841-4188

FILE #: _____ DPO: _____

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 ZipCode

Mailing Address: _____
Street Number City State ZipCode

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

School: _____ Grade: _____

Last Grades Received: _____

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

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 _____

Signed: _____