

DuPage County Juvenile Probation Contact Report

PROBATION OFFICER: _____ DATE: _____ CONDUCTING OFFICER: _____ LOCATION: _____

NAME _____	DOB _____	PHONE F/M _____
ADDRESS _____	APT # _____	PHONE RM _____
CITY _____	STATE _____	ZIP _____
EMAIL F/M _____	EMAIL RM _____	

FAMILY SITUATIONS/ Relationships	IMPROVING _____ SAME _____ DECLINING _____ COMMENTS: _____
---	--

SCHOOL	DISCIPLINE ISSUES: <u>Y/N</u> ATTENDANCE ISSUES: <u>Y/N</u> GOOD NEWS TO REPORT: <u>Y/N</u>
---------------	---

WORK	NAME _____ PHONE: _____
	ADDRESS: _____ HOURS PER WEEK _____

SINCE YOUR LAST REPORT:

POLICE CONTACT YES NO	DEPARTMENT:	Court Date & Location
COUNSELING ATTENDED YES NO	TYPE OF COUNSELING	COUNSELING AGENCY
COMMUNITY SERVICE/SWAP	NUMBER OF HOURS	AMOUNT OF PAYMENTS MADE: RESTITUTION / PROB. FEES
DRUG/ALCOHOL USE YES NO	TYPE USED:	VICTIM CONCERNS EMPATHY/ APOLOGY:
MEDICATION COMPLIANT YES NO	INSURANCE POLICY #	INSURANCE PROVIDER:

WHAT WAS YOUR ASSIGNMENT FROM THE LAST REPORT?

WHAT PROGRESS HAVE YOU MADE ON THE ASSIGNMENT?

NEXT ASSIGNMENT

I AM ACKNOWLEDGING BY SIGNING THIS FORM THAT THIS INFORMATION IS ACCURATE AND TRUE

Minor: _____ Date: _____ Parent: _____ Date: _____

Probation Officer: _____ Date: _____

