

Kendall County Probation

807 W. John St. Yorkville, IL 60560

630-553-4180 (phone) 630-553-4120 (fax)

Please forward to:

(probation officer)

Probationemail@co.kendall.il.us

Check **ONLY** if any of the following has changed since your last report. _____

NAME _____

WHO DO YOU RESIDE WITH?

ADDRESS _____

CITY, ZIP _____

PHONE

(home) _____

NAME OF EMPLOYER _____

(cell) _____

Does your employer know you are on probation?

(work) _____

YES _____ NO _____

Check off the following conditions you have completed or are currently working on:

Drug eval _____ Drug counseling _____ Sex offender counseling _____ GED _____

Alcohol eval _____ Alcohol counseling _____ Domestic Violence counseling _____ Payment _____

Psych eval _____ Psych counseling _____ Victim Impact Panel _____ Other _____

Mental health eval _____ Mental health counseling _____ Public Service Work _____

Have you been arrested since your last report? YES _____ NO _____ (If you answered yes, please supply the following information)

Date / Time of arrest _____ Charge _____ Next court date _____

Do you have any additional comments or concerns? (write on back or see below)

SIGNATURE _____ DATE _____ This report is for the month of _____

MONTHLY SUPERVISION REPORT