

**IDAHO DEPARTMENT OF CORRECTION
Sex Offender Supervision Supplemental Monthly Report**

Offender's Name: _____

IDOC Number: _____

PPO's Name: _____

Offender's Personal Information

ADDRESS:	HOME PHONE #:	CELL PHONE #:
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List all those who live with you: (Names and ages):

Employer/School/Medical Information

EMPLOYER:	ADDRESS:
SUPERVISOR:	PHONE:
WAGE: \$ _____ How many hours did you work this month? _____	Did you miss more than one day at work? If so, why? _____
SCHOOL NAME: _____ Are you obtaining a GED or listing a major? _____ If pursuing a course of study what is your major? _____ # of credit hours: _____ Weekly schedule and number of hours in class: _____ _____ _____	MEDICAL: List all medications you have taken in the past month (prescription and over the counter). Medication Name: _____ Dosing Instructions: _____ _____ _____ _____ _____ _____ _____ _____

Vehicle Information

Car #1 MAKE:	MODEL:	YEAR:
COLOR:	LICENSE#	
Car #2 MAKE:	MODEL:	YEAR:
COLOR:	LICENSE#	

Significant Other Information

NAME:	ADDRESS:	PHONE:
DATE OF BIRTH:	Has your PPO met significant other? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does he/she have children: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list gender and ages: _____ _____	Name and phone # of other parent: _____ _____ _____	
Who do the children live with: _____ _____		

Chaperone Information

NAME:	PHONE:	DATE LAST CERTIFIED:
NAME:	PHONE:	DATE LAST CERTIFIED:
NAME:	PHONE:	DATE LAST CERTIFIED:

This section must be filled out completely.

Date of your last registration with the sheriff's office: _____
 Date you last sent a quarterly verification to the sheriff's office: _____
 Date of your last polygraph: _____

COS/Restitution/Treatment Balance Information

COS BALANCE: \$ _____ Amount of last payment: \$ _____ Last payment date: _____	RESTITUTION BALANCE: \$ _____ Amount of last payment: \$ _____ Last payment date: _____	SO TRT BALANCE: \$ _____ Amount of last payment: \$ _____ Last payment date: _____
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Counseling/Programming/Substance Use/Law Enforcement Contact Information (Fill out all that applies to you)

Did you attend sex offender treatment this month? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, you're your sex offender treatment provider's name? _____ What areas are you currently working on in treatment? _____ _____ _____ _____ _____	Have you missed any treatment this month? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, have you made up the class? Yes <input type="checkbox"/> No <input type="checkbox"/> Explain any abnormal stressors you've had this month (if any): _____ _____ _____ _____ _____	Did you attend substance abuse treatment this month? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, you're your substance abuse treatment provider's name? _____ What areas are you currently working on in treatment? _____ _____ _____ _____ _____										
Are you participating in any other groups or counseling (e.g., CSC, 12-step, peer support, AA/NA, individual counseling)? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, list them: <table border="0"> <tr> <td>Group/counseling</td> <td>Date</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Group/counseling	Date	_____	_____	_____	_____	_____	_____	_____	_____	Have you consumed alcohol since your last report? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you used controlled substances since your last report? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what have you used? _____ _____ _____ _____ _____	Have you had any contact with law enforcement since your last report? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: _____ _____ _____ _____ _____ _____
Group/counseling	Date											
_____	_____											
_____	_____											
_____	_____											
_____	_____											

Do you have Internet access (either by wireless device, gaming stations, or computers)? Yes No

Community service or work program hours completed this month: # of hours completed: _____ # of hours remaining: _____

I certify that the above information is correct and accurate as required by the court order. Also, I understand that providing false, misleading, or inaccurate information in this report may result in a Report of Violation being submitted to my sentencing judge or the Commission of Pardons and Parole, and a warrant may be issued for my arrest or other disciplinary sanction applied.

Offender's Signature

Date

You must attach a copy of your paystub, community service or work program hours, and any restitution or COS payments.