

**IDAHO DEPARTMENT OF CORRECTION
Offender Monthly Report (Probation and Parole)**

Offender Name:	IDOC #:	Probation and Parole Officer Name:	District:
Current Address and City:		Employer Name:	
Home Phone #:	Cell Phone #:	Employer Address and City:	
Names of Other Adults Living in Your Home and Their Relationship to You:		Supervisor Name:	
		# of Hours Worked:	Rate of Pay (Per Hour):
List the Address of Any Storage Units You are Currently Using:			
List the Social Networks You Belong to:			
List All Email Addresses That You Use:			

Vehicle #1 License Plate #:	Year, Make, and Model:	Color:
Vehicle #2 License Plate #:	Year, Make, and Model:	Color:
Vehicle #3 License Plate #:	Year, Make, and Model:	Color:

Did any of the following occur this month? Moved: Yes No ; Changed Employment: Yes No ; Had Contact with Law Enforcement: Yes No

Did you have any contact with any other state, county, city, or federal agencies or authorities this month, such as Health and Welfare, child protective services, juvenile probation, etc.? If so, who? _____

What treatment or counseling groups are you attending? _____

Location of treatment or counseling? _____

Counseling or group leader's name(s): _____

List all prescription drugs/medications you are taking: _____

What is your misdemeanor or federal probation and parole officer's name? _____

Monthly Income	Amount Received		Amount Received	
	Child Support	\$	Wages (yours)	\$
Food Stamps	\$	Wages (your significant other)	\$	
Public Assistance	\$	All other monthly Income (tax refund, loans, pawns, etc.)	\$	
Total Amount Received			\$	

Monthly Expenses	Amount Paid		Amount Paid	
	Cable Television Payments	\$	Food	\$
Car Payments	\$	Gas and/or Transport	\$	
Child Support Payments	\$	Insurance Payments	\$	
Church	\$	Medical Bill Payments	\$	
Cigarettes	\$	Phone (home and/or cell) Payments	\$	
Clothing	\$	Rent or Mortgage Payments	\$	
Cost of Supervision (COS) Payments	\$	Restitution Payments	\$	
Daycare Payments	\$	Treatment or Counseling	\$	
Entertainment	\$	Utility Payments (electric, gas, etc.)	\$	
Fines (court-ordered)	\$	All other monthly expenses	\$	
Total Amount Paid			\$	

I certify that the above information is correct and accurate. I understand that providing false or misleading information may result in a Report of Violation being submitted or other disciplinary action.

Offender's Signature _____

Date _____

Important Things to Remember!

- You must get written permission from your supervising probation and parole officer (PPO) before traveling outside the state of Idaho.
- You must get verbal permission from your supervising PPO to travel outside the counties in your assigned district, which include the following counties: _____
- You cannot move without obtaining your supervising PPO's permission in advance.
- You cannot change or quit your job without obtaining your supervising PPO's permission in advance.
- You cannot quit or miss any of your treatment, counseling, or programming sessions without obtaining your supervising PPO's permission in advance.
- You must immediately notify your supervising PPO of any new arrests or law enforcement contacts you have had.