

YORK COUNTY PROBATION DEPARTMENT REPORTING FORM

PROBATION OFFICER: _____

NAME: _____ DATE FORM COMPLETED: _____

ADDRESS: _____ Check box if this is a new address

TELEPHONE: _____ Home Cell Phone Pager Other

EMPLOYER: _____ check box if this is a new source of income

ADDRESS: _____
Work Schedule: _____
(Must be FULL address of Employer)

TELEPHONE: _____ Wages: _____ per _____

List number of days unemployed and the reason:

Are you attending counseling? If yes, where? _____

Your last counseling appointment was: _____ Next appointment is: _____

Have you used alcohol or illegal drugs since your last appointment? If yes, state what was used, the amount, and how often.

ONCE BEING PLACED ON PROBATION/PAROLE SUPERVISION OR SINCE YOUR LAST APPOINTMENT, HAVE YOU RECEIVED ANY OF THE FOLLOWING?

TICKET CITATION SUMMONS NEW ARREST

LIST THE DATE OF THE EVENT, THE OFFENSE, THE POLICE DEPARTMENT, AND THE POLICE OFFICER'S NAME:

LIST YOUR HEARING DATE FOR THE ABOVE INCIDENT: _____

WHERE IS THE HEARING? _____

Payments are to be made payable and sent to:

York County Clerk of Courts, 45 N. George Street, York, PA 17401

When did you make this month's payment? _____ Amount paid: _____

If amount was less than \$40.00, please explain why: _____

Questions, comments, and/or concerns you want your supervising officer to answer:

I understand that any information supplied by me, which is found to be false, will be considered a violation of my Conditions of Probation/Parole and may result in my return to Court for a Violation Hearing.

Your Signature *(last four digits of Social Security Number)*: _____ Date: _____