

PRE-TRIAL OFFICE REPORT

◀ Complete this section and please PRINT NEATLY

Name _____ Date ____ / ____ / ____

Have You been arrested or charged with a "new Offense since Your last report? Yes No

If "yes, "what offense? _____ What City? _____

Disposition? _____

Address: _____ City/ST _____ Zip: _____

Phone# _____ Cell/Pager # _____ Phone Contact # _____

Vehicle – Year/Make: _____ Model: _____

Employment: _____ Phone # _____ Supervisor: _____

Are you on Probation/Parole? Yes No If yes," Where? _____

Probation/Parole Officer's Name: _____ Phone # _____

Have you consumed any alcohol Yes If Yes, what? _____
and / or controlled substances No why? _____
since your last report?

◀ To be completed by the officer

Does Offender have: GPS Interlock SCRAM In-Hom Soberlink Other:

If so, is Offender in compliance? Yes No If "No"why not? _____

When is Offender's next appointment with vendor? _____

BAC _____ UA: Pos neg BALANCE DUE: \$ _____ Court Date: _____

Next Report Date: ____ / ____ / ____ @ ____ A.M./P.M.

It is acknowledged by the Defendant that this Report was completed by the defendant and the Community Supervision Officer, in the presence of the Defendant; that the Defendant has read this completed Report, and the statements contained in this Report and true and correct.

Signed this _____ day of _____, 20____.

Pre-Trial Defendant

Community Supervision Officer