

COLLIN COUNTY COMMUNITY SUPERVISION & CORRECTIONS DEPARTMENT

- 1800 N. Graves, Suite 170, • McKinney, TX 75069 • (972) 548-4237
- 1800 N. Graves, Suite 210 • McKinney, TX 75069 • (972) 548-3660
- P.O. Box 2829, McKinney, • TX 75070 • (972) 547-5790
- 900 E. Park Blvd., Suite 200 • Plano, TX 75074 • (972) 881-3030

Supervision Officer _____

MAIL-IN

FOR OFFICE USE ONLY

TIME IN: _____

NAME: _____

Present Address: _____
Street/P.O. Box Apt. No. City State Zip

Mailing Address: _____

Apartment Complex Name: _____ Gate code: _____

Home phone: _____ Cell phone: _____ Have you moved since last report? Y N

With whom do you live? (List full name and relationship) _____

How much are you paying today? _____ Current balance: _____ Are you following your payment agreement? Y N NA

Employer: _____ Phone: _____

Address: _____
Street City State Zip

Type of Work: _____ Weekly or monthly take home pay: _____

Does your employer know you are on supervision? Y N

If not working regularly, what is the reason you are not working?: _____

What has been your means of support (if not working)?: _____

Contact with any law enforcement since your last report: When? _____ Where? _____ Arrested? Y N

No police contact, check here

Have you violated any conditions of supervision since your last report? Yes No

Beer/Wine/Liquor: Use since last report: Date: _____

How often are you drinking? (circle one) Daily 2-3 times/week Weekly Every 2 weeks Monthly Other _____

Other drugs (including marijuana, cocaine, amphetamines, opiates, etc.): Use since last report: Date: _____

Substance(s) Used: _____

How often are you using drugs? (circle one) Daily 2-3 times/week Weekly Every 2 weeks Monthly Other: _____

Counseling attended since your last report: When? _____ Where? _____ If none, check here

Community service hours worked since your last report: Where? _____ How many hours? _____

Classes started/completed since last report: Class _____ Date started _____ Date Completed _____

Do you need a travel permit? Y N When: _____ Where: _____ Purpose: _____

Automobile make: _____ Model: _____ Color: _____ Year: _____

Tag/License plate number: _____ Driver's License #: _____ State: _____

Do you have a deep lung device installed in your car? Y N Issues? Y N Recalibration Date: _____

By signing below I swear that the information reported above is true and correct.

YOUR SIGNATURE: _____ **DATE:** _____