

NEWTON COUNTY PROBATION DEPARTMENT

NEWTON COUNTY COURT HOUSE

P. O. BOX 152

KENTLAND, IN 47951

#219-474-6081 OR 1-888-6NEWTON (663-9866)

JUVENILE MONTHLY REPORT FORM

I understand that all the information below is subject to verification by the Probation Office, and I hereby swear that the information in this report is true to the best of my knowledge. Further, I understand that I am to complete this form in the presence of my parent(s) and that their signature is also required.

MONTH OF REPORT: _____

NAME (print): _____

ADDRESS: _____ CITY: _____

STATE _____ ZIP: _____ PHONE: _____

PARENTS NAMES: _____

PERSONS LIVING IN YOUR HOME: _____

NAME OF EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

EMPLOYER'S PHONE: _____

ARE YOU ATTENDING SCHOOL: _____ GRADE LEVEL: _____

SCHOOL OR EDUCATIONAL PROGRAM: _____

IF NOT ATTENDING, WHY NOT: _____

HAVE YOU BEEN SUSPENDED OR EXPELLED THIS MONTH: _____

IF SO, REASON WHY: _____

ANY OTHER PROBLEMS AT SCHOOL: _____

LIST SCHOOL ACTIVITIES _____

LIST OF ACTIVITIES OUTSIDE OF SCHOOL: _____

ARE YOU ATTENDING ANY TYPE OF COUNSELING: _____

IF YES, PLEASE EXPLAIN: _____

SEE OTHER SIDE TO COMPLETE THIS FORM

WERE YOU ORDERED TO DO COMMUNITY SERVICE: _____

IF SO, TOTAL NUMBER OF HOURS ORDERED: _____

NUMBER OF HOURS COMPLETED THIS MONTH: _____

LOCATIONS(S) OF COMM. SERV. PERFORMED: _____

TOTAL NUMBER OF COMM. SERV. HOURS REMAINING: _____

ARE YOU ON HOME DETENTION: _____

IF SO, WHAT DATE DOES YOUR HOME DETENTION EXPIRE: _____

*(PARENTS) IS YOUR CHILD FOLLOWING HOME DETENTION RULES: _____

IF NOT, EXPLAIN: _____

IF YOU HAVE A COURT ORDERED CURFEW, WHAT IS IT: _____

*(PARENTS) IS YOUR CHILD FOLLOWING CURFEW: _____

IF NOT, EXPLAIN: _____

IS THERE A BALANCE DUE FOR YOUR COURT COSTS, PROBATION USER FEES, AND/OR RESTITUTION: _____

IF SO HOW MUCH: (COURT COSTS): _____
(PROBATION USER FEES): _____
(RESTITUTION): _____
(TOTAL AMOUNT DUE): _____

HOW MUCH HAVE YOU PAID THIS MONTH TOWARDS BALANCE: _____
*NOTE, PAYMENT MUST BE MADE BY MONEY ORDER/CASHIER'S CHECK

*(PARENTS) (QUESTIONS OR CONCERNS): _____

JUVENILE (QUESTIONS OR CONCERNS): _____

DATE SIGNED: _____ SIGNATURE: _____

PARENT(S) SIGNATURE: _____

*NOTE: Juvenile probationer must complete in detail and mail or bring to the probation officer the first week of each month.