

MONTHLY REPORT

OFFICE OF THE DISTRICT ATTORNEY – SUPERVISION PROGRAM

You are required to complete, sign and submit this form for each month of your supervised probation unless otherwise directed by the District Attorney's Office. You may submit the form by mail, email, or in person to the address listed below. This report is due each month, on the same date your monthly Supervision Fee is due.

MAIL TO:

District Attorney Supervision Program
 101 S. Main, Room 13
 Kingfisher, OK 73750

PHONE/FAX/EMAIL:

Phone: (405) 375-3893
 Email: kingfishercountyda@dac.state.ok.us

(PLEASE PRINT)

Full Name _____
 First Middle Last

Case Number _____ SSN _____ Date of Birth _____

Has your address or other contact information changed since your last report? YES or NO
If you answered yes, or if you are unsure, please complete this section.

Street Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Are you presently employed? YES or NO *If yes, attach most recent pay stub. If no, list efforts:*

| APPLICATION SUBMITTED TO: | CITY | DATE SUBMITTED: | CALLED FOR INTERVIEW? |
|---------------------------|-------|-----------------|-----------------------|
| _____ | _____ | _____ | YES or NO |
| _____ | _____ | _____ | YES or NO |
| _____ | _____ | _____ | YES or NO |

Continue on Employment Reporting form, if necessary.

Are you receiving disability or unemployment benefits? YES or NO *(If yes, provide proof)*

Are you enrolled in school? YES or NO *(If yes, attach your current class schedule.)*

Have you been arrested or charged with a crime since your last report? YES or NO
If so, please provide details of your arrest and/or a case number. _____

| LIST COURT-ORDERED OBLIGATIONS: | DESCRIBE YOUR PROGRESS TOWARD COMPLETION: |
|---------------------------------|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I, the undersigned defendant, acknowledge that I understand that I am required to keep the Supervision Clerk with the District Attorney's Supervision Program advised of any changes of employment or residence. I hereby affirm the above information to be true and correct.

 Date

 Defendant Signature