# 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 your Probation Officer. 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.ok.gov
Pay: www.allpaid.com PLC:8962

(PLEASE PRINT)

Full Name _____
First Middle Last

Case Number _____ SSN_____ Date of Birth_____

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**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 _____

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

I, the undersigned defendant, acknowledge that I understand that I am required to keep my Probation Officer 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