

# SAN LUIS OBISPO PROBATION DEPARTMENT

## JUVENILE MONTHLY REPORT FORM

**\*\*This form is due by the 5<sup>th</sup> of each month\*\***

**Mail to:** SLO County Government Center  
 Attn: Probation JSC ~ 1730 Bishop Street ~ San Luis Obispo, CA 93408  
 Phone (805) 781-5352 (805) 781-1230 Fax

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Name		Phone Number	
Street Address	City	State /Zip	
Mailing Address (if different than above)	City	State / Zip	
School Attending			
Are you currently employed <input type="checkbox"/> YES <input type="checkbox"/> NO Employer: _____ Date employment began: _____			
Have you been convicted/ arrested questioned by any law enforcement agency in the last month <input type="checkbox"/> YES <input type="checkbox"/> NO			

**Terms and Conditions you have been ordered to do or complete: (see checked boxes)**

1. <input type="checkbox"/> Drug and Alcohol Program	6. <input type="checkbox"/> NonAssociation(s):	11. <input type="checkbox"/> Community Work Service Hours _____
2. <input type="checkbox"/> No Drugs/Alcohol	7. <input type="checkbox"/> Essay	12. <input type="checkbox"/> Apology Letter (to be mailed only to PO).
3. <input type="checkbox"/> Alcohol/Substance Abuse Counseling NA/AA	8. <input type="checkbox"/> Gang Terms/ Affiliation	13. <input type="checkbox"/> Seek/Maintain Part/Full-Time Employment
4. <input type="checkbox"/> Individual/ Family Counseling	9. <input type="checkbox"/> Do Not Contact/Harass Victim(s)	14 <input type="checkbox"/> Curfew: Weekdays _____ Weekends _____
5. <input type="checkbox"/> Pay Off Fine/Restitution Balance	10 <input type="checkbox"/> Victim/Offender Mediation	15 <input type="checkbox"/> Other: _____

**PROGRESS**

You must provide proof of completion of your terms by:

In reviewing the terms box above, list the Terms you have not completed and the date you plan to have them done.

**MINOR COMMENTS**

**PARENT /GUARDIAN COMMENTS**

DATE	JUVENILE SIGNATURE
DATE	PARENT/ GUARDIAN SIGNATURE