

# Columbia County Community Corrections Reporting Form

Adult Division

901 Port Avenue, St Helens, OR 97051

\*  Check if new address or phone

Were you just released from jail?  Yes  No

The following information is for the Month of \_\_\_\_\_, 20\_\_\_\_

Name: \_\_\_\_\_ Supervising Officer: \_\_\_\_\_

## Present Living Situation:

True  or False  ..... I am happy with my current living situation.

True  or False  ..... Right now I sleep on a couch or the floor.

True  or False  ..... I have changed my residence in the last month.

True  or False  ..... Right now I'm at risk of losing my housing.

Name of person(s) I reside with: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Vehicle information: Model \_\_\_\_\_ Year: \_\_\_\_\_ License #: \_\_\_\_\_ Color: \_\_\_\_\_

## Employment/ Education and Financial:

Employer/College/GED program: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Work Supervisor/ School Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

True  or False  ..... I have enough money to buy important items (food) or pay important bills (utilities)

True  or False  ..... I have recently changed or quit my job or school.

I'm looking for work. In the past month I have applied for \_\_\_\_\_ many jobs. ***N/A if in treatment or school***

I need help filling out applications, writing a resume or searching for work.  Yes  No

Are you paying court fees?  Yes  No

Last Payment Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Court Balance owed: \_\_\_\_\_

Are you paying restitution?  Yes  No

Last Payment Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Restitution owed: \_\_\_\_\_

Since you last reported, how many police contacts have you had? \_\_\_\_\_

If you had police contacts, please explain: \_\_\_\_\_

Are you working on your Community Service Hours?  Yes  No  N/A Last worked? \_\_\_\_\_

Are you completing your assigned Work Crew Days?  Yes  No  N/A Last worked? \_\_\_\_\_

– COMPLETE BOTH SIDES OF FORM –

**Family/ Relations:**

True  or False  ..... I have had problems with a spouse/partner or girlfriend/boyfriend this last month.

True  or False  ..... My spouse/partner or girlfriend/boyfriend and I had fun this past month.

My significant other's name is: \_\_\_\_\_

**Leisure & Recreation:**

True  or False  ..... I have done fun or interesting things in the last month.

True  or False  ..... I could make better use of my time.

On any day, who do you spend the most time with? \_\_\_\_\_

I'm involved in the following organized activities: \_\_\_\_\_

**Substance Abuse:**

True  or False  ..... I have felt a strong urge to drink alcohol or use drugs.

True  or False  ..... I have gone to AA/NA treatment meetings.

When did you last use substances? \_\_\_\_\_

How many days clean and sober have you had? \_\_\_\_\_

If you're in treatment, what do you feel that you are gaining? \_\_\_\_\_

Name of treatment program: \_\_\_\_\_

**Attitude/ Orientation:**

True  or False  ..... I feel like treatment and supervision is a burden and will not help me.

True  or False  ..... More than once, I have put off treatment assignments or things my PO asked me to do.

How do you feel about supervision? \_\_\_\_\_

**Health:**

True  or False  or N/A  ..... I saw a mental health counselor in the last month.

True  or False  or N/A  ..... I am taking prescribed medication. Please list: \_\_\_\_\_

True  or False  or N/A  ..... My medication has changed.

True  or False  or N/A  ..... I have a new medical condition.

True  or False  or N/A  ..... I have checked into or was taken to the emergency room this past month.

Is there anything you would like to discuss with your PO? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I acknowledge the above information to be true and correct: \_\_\_\_\_

Signature

Date