

## DIVISION OF PAROLE AND PROBATION MONTHLY REPORT



| PAROLE/PROBATION MONTHLY SUPERVISION REPORT FOR: Month: Day: Year: |                              |                   |                  |                              |               |            |  |
|--|------------------------------|-------------------|------------------|------------------------------|---------------|------------|--|
| My Parole/Prob   | ation Officer is:            |                   |                  |                              |               |            |  |
|  | for each question:           | Yes 🗌 No 🛛        | Diducu           |                              |               |            |  |
| Did you move the   | nis month?                   | Yes 🗌 No 🗆        |                  | hange jobs mont              | th? Yes 🗌 No  |            |  |
| Your Name:   |                              |                   |                  |                              |               |            |  |
| Your Address:  |                              |                   |                  |                              |               |            |  |
| Mailing Address:   |                              |                   |                  |                              |               |            |  |
| Storage Unit/No.:  |                              |                   |                  |                              |               |            |  |
| I live with:   |                              |                   |                  | Relationship: Adult Juvenile |               |            |  |
| I live with:   |                              |                   |                  | Relationship:                |               |            |  |
| I live with:   |                              |                   |                  | Relationship:                |               |            |  |
| I live with:   |                              |                   |                  | Relationship: Adult Juvenile |               |            |  |
| Your Employer:   |                              |                   |                  | Emp Phone No:                |               |            |  |
| Supervisor Name:   |                              |                   |                  |                              |               |            |  |
| Address:   |                              |                   |                  | City/State/Zip:              |               |            |  |
| Vehicles Driven  |                              |                   |                  |                              |               |            |  |
| Year   | Make                         | Model             | Color            | License No                   | Owner         | Insured by |  |
|  |                              |                   |                  |                              |               |            |  |
|  |                              |                   |                  |                              |               |            |  |
|  |                              |                   |                  |                              |               |            |  |
| Counseling? Yes No Provider:<br>Counseling Schedule:               |                              |                   |                  |                              |               |            |  |
|  | Yes No E-<br>I networking?): | mail Address(s):  |                  |                              |               |            |  |
| Did you visit a do   |                              | es No             | Medication presc | ribed:                       |               |            |  |
| Community serv   | ice hours completed          | this month:       |                  |                              |               |            |  |
| Restitution paid this month:                                       |                              |                   |                  |                              |               |            |  |
| Supervision fees   | paid this month:             |                   |                  |                              |               |            |  |
| Were you arreste   | ed /questioned by p          | olice this month? | Yes No           | If Yes, please e             | xplain below: |            |  |
|  |                              |                   |                  |                              |               |            |  |

## If I wish to succeed on Supervision:

I will begin with obeying all institutional regulations and start planning for my future as a productive, law-abiding citizen; I will refrain from use or possession of illegal drugs;

I will fully accept responsibility for my actions;

I will understand the harm my actions have caused and acknowledge that I have done something wrong;

I will offer an apology to my victims and community;

I will repair the harm I have caused and will make restitution to my victims

Nevada law allows for an offender who has been convicted of a felony within the state of Nevada to shorten their term of probation through positive actions. Any probationer who is convicted of a felony can have their term of probation reduced by 20 days for every month they have not committed a serious infraction of the rules of supervision.

No credit will be given to a probationer during the month a violation report is submitted to the Court and will continued to be withheld during the violation process.

No credit will be given to probationers that have not complied with all court ordered financial obligations, based on their ability to pay; have not attended counseling obligations; or have tested positive for controlled substances. Additionally, credit may be withheld for any other serious infraction which the supervising officer determines is willful and serious enough to justify the sanction.

Upon successful completion of specialty court, the probationer will receive any credits that would have been earned while in specialty court, retroactive to the date the probationer entered the program. This date will not be backdated any further than the date the supervising officer was notified of the completion of specialty court.

Those probationers that are removed from specialty court due to non-compliance will not be given any retroactive credit.

## **Financial Obligations:**

Any excess monies paid will be applied to any other outstanding fees, fines and/or restitution, even if it is discovered after your discharge.

## I HAVE READ AND UNDERSTAND THE ABOVE; THE INFORMATION I HAVE SUBMITTED IN THIS REPORT IS TRUE TO THE BEST OF MY KNOWLEDGE.

**Report approved by:** 

Your Signature

Parole and Probation Employee

Date