



LANE COUNTY PAROLE & PROBATION

PH: (541) 682-3040 / FAX: (541) 682-3035
75 West 5th Avenue, Eugene OR 97401



Client Name: _____ DOB: ___/___/___ PO: _____

Other Names Used: _____ Date: _____

(Please truthfully answer all questions in reference to the last 30 days)

Current Living Situation:

What type of housing are you currently living in? House/Trailer Apartment Hotel/ Motel Shelter/Emergency Housing/Homeless

Physical Address: _____

Street Numbers/Name Apartment/Space # City/State/Zip

Mailing (if different): _____

Street Numbers/Name Apartment/Space # City/State/Zip

Vehicle Make/Model: _____ Vehicle Color: _____ Vehicle Plates: _____

My Contact Phone: (____) _____ Message Phone (____) _____

Email: _____ Names of all people living at residence: _____

Employment/Education and Financial:

SSI/Disability/Retired

Did you work full time, part time, or just occasionally? Full time Part time Occasional

What is your schedule? _____

Employer: _____

What is Your Job: _____

Wage: _____ Supervisor/Advisor: _____

Phone: (____) _____ My favorite job would be: _____

Do you go to school full time, part time, or just occasionally? Full time Part time Occasional

What is your schedule: _____

School: _____ Hours/week: _____

What are you studying: _____

Attitude/Orientation:

What happened during the past 30 days that went well? How did it make you feel?

What happened during the past 30 days that didn't go well and how did you deal with it?

What affect has your attitude and behavior had on your friends or family?

Friends/Associates:

Who is your closest friend? _____ Time spent together this month? _____

Describe a healthy activity you participated in this month with a friend or associate:

Describe a risky situation you may have been in with your friends and how you handled it:

Family/Relations:

Who is your significant other? _____

In the past 30 days my family member/significant other and I had fun doing:

Describe any problems/arguments you have had with a family member/significant other during the past 30 days?

Leisure & Recreation:

My hobbies and interests are: _____

How did you use your free time during the past month?

I'm involved in these activities: _____

Treatment status:

How much time do you have clean and sober? _____ Currently in treatment? Yes No

Describe a high risk situation you experienced in the past 30 days and how you would avoid or better cope with that situation:

Treatment Provider: _____ Counselor: _____

Health:

Describe how your physical/mental health has been during the past 30 days:

Are you currently seeing a doctor and/or taking prescription medications? **Y/N** List the medications you are currently taking: _____

Please explain: _____

Work Crew/Community Service:

Days/Hours Worked last month: _____ Days/Hours Remaining: _____

Placement site: _____

Police Contact:

Please explain any police contact: _____

Other:

List your accomplishments this month? _____

What do you think needs to change to prevent further problems in your life? _____

What skills or risk domains are you working with your PO to improve upon? _____

Things I have done since my last office visit to reduce my risk of re-offending? _____

Please list any other concerns you would like to discuss with your PO: _____

Comments: _____

SIGNATURE

DATE

Supervision Fee's accepting of Visa, Master Card, Cash and Checks (make payable to Lane County Parole & Probation)
Payments may also be made on-line at <http://www.lanecounty.org/pp> (Re-Occurring Payment Options Available)

ANY STATEMENTS YOU HAVE MADE WHICH ARE LATER FOUND TO BE UNTRUE MAY RESULT IN A VIOLATION OF YOUR SUPERVISION.