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

Describe a risky situation you may have been in with a friend or associate:

Describe a healthy activity you participated in this month:

Who is your closest friend? ____________________________ Time spent together this month? _______________

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.