

**LAKE COUNTY
PROBATION SERVICES DIVISION
MAILING ADDRESS-PO BOX 7800
Tavares, FL 32778-7800
OFFICE: (352) 742-6565
FAX: (352) 742-6560**

WRITTEN MONTHLY REPORT

FOR THE MONTH OF _____

Submit monthly as instructed by your Probation Officer, to Lake County Probation Office, Post Office Box 7800, Tavares, Florida 32778. Failure to return completed Monthly Reports may result in a violation of probation.

Officer's Name _____ Employer's Name _____
 Your Name: _____ Employer's Address: _____
 Your Date of Birth: _____ Employer's City/State/Zip: _____
 Mailing Address: _____ Work Telephone Number: _____
 Physical Address: _____ Monthly Income: _____
 Your City/State/Zip: _____ Monthly Expenses: _____
 Your Telephone Number: _____ (Include Rent/Mortgage, Utilities, Food, etc.)
 Cell Phone/Pager Number: _____ Email Address: _____

Have you moved this month?..... Yes No
 Have you paid your Supervision Fee this month?..... Yes No
 Have you paid your Fine payment this month? Yes No
 Have you worked full-time this month?..... Yes No
 If "No", give reason and source of income _____
 Have you submitted proof of completing standard and special conditions of probation (Ex: DUI School, Restitution, Fines, Community Service, Counseling, etc.)?..... Yes No In Progress
 If "No", please explain _____
 Have you been arrested, given a Notice to Appear or been in trouble with the law since being placed on probation? Yes No
 If "Yes", please explain _____
 Did you obtain, consume or possess intoxicants, alcohol or any illegal controlled substances? Yes No
 If "Yes", explain _____
 Have you paid child support and supported your legal dependants? Yes No N/A
 If "No", please explain _____
 Have you gone into debt or had any financial problems in the past month Yes No
 If "Yes", please explain _____
 Please list questions or problems you need to discuss with your officer: _____

**ALL PAYMENTS MUST BE IN THE FORM OF A MONEY ORDER AND MADE PAYABLE TO:
CLERK OF THE CIRCUIT COURT, P.O. BOX 7800, TAVARES, FL 32778.**

OFFICIAL USE ONLY:

I certify the above to be true and complete:

Date Report Received (Your Signature) Date

TIMOTHY I. SULLIVAN SEAN M. PARKS, AICP, QEP JIMMY CONNER LESLIE CAMPIONE WELTON G. CADWELL
District 1 *District 2* *District 3* *District 4* *District 5*