

REPORT TO PROBATION OFFICER
El Dorado County Probation Department

3974 Durock Road, Suite 205
Shingle Springs, CA 95682

1360 Johnson Blvd., Suite 102
South Lake Tahoe, CA 96150

For Department Use Only

PRIORS Updated By: _____
 No Change Date: _____

Probation Officer: _____

Cell Phone: _____

NAME: _____ DOB: _____ Home Phone: _____

Mailing Address: _____
(Street or P.O. Box) (City) (State) (Zip)

Residence Address: _____
(Street) (City) (State) (Zip)

Residing With: _____
(Name) (Relationship)

EMPLOYED BY: _____ Phone: _____

Job Title: _____

Address: _____
(Street) (City) (State) (Zip)

Wage: \$ _____ Hourly Monthly _____ Number of hours worked last week / month

Were you **ARRESTED** since you last reported? No Yes; **Specify below:**

_____ Date Arrested _____ Arresting Agency _____ Charge(s)

Are you paying **RESTITUTION**? No Yes Are you paying **FINES / FEES**? No Yes

Are you attending **COUNSELING**? No Yes * Completed * Ongoing *

*Specify type: Alcohol; Drug; Anger Control; Batterers; Parenting Education;
 Psychiatric; Sex Offender; Other: _____

If *not* attending counseling, why? _____

Your **VEHICLE**: _____
(Year) (Make) (Color) (Model) License No.

2nd **VEHICLE**: _____
(Year) (Make) (Color) (Model) License No.

COMMENTS:

The above information is true and correct.

Signature: _____ Dated: _____

Social Security #: _____ - _____ Driver's License #: _____ CA Other: _____