Multnomah County Adult Community Justice
Domestic Violence Unit Monthly Report

MULTNOMAH COUNTY

<u>Please Check BOX if Contact Information Has Changed</u> ➡ ☐

My Probation Officer is:_____ Report Month:_____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Cell Phone: _____ Phone: _____ 2nd Phone: _____

Email: _____ Who do you live with? (Name) _____

Relationship to you:_____ Phone: _____

RELATIONSHIP: Are you in an intimate relationship? ☐Yes ☐No

Name: _____ Address: _____

Cell Phone: _____ Email: _____

SOCIAL MEDIA: Facebook, Instagram, Twitter, etc ☐Yes ☐No Other:_____

Profile Name:_____ Last log in:_____

EMPLOYMENT/EDUCATION: (Attach copy of your paycheck stub) Is this a new employer? ☐Yes ☐No

Employer/School: _____ Address: _____

Phone: _____ Do they know you are on supervision? ☐Yes ☐No

Days: (circle) Sun M Tu W Th Fri Sat Hours:_____

Monthly Income Amount: _____

If not working, how are you supported? _____

VEHICLE INFORMATION: Do you own more than one vehicle ☐Yes ☐No (List additional vehicles on back.
If you are driving a car that you do not own (i.e. Parents or a friend's car, etc.) list that car, below or on the back.)

Make and Model: _____ Color: _____ Year: _____ License #_____

Your Driver's License #:_____ State_____

Do you have insurance? ☐Yes ☐No Insurance Company? _____

HAVE YOU HAD ANY POLICE CONTACT SINCE YOUR LAST REPORT? ☐Yes ☐No

Date of Contact: _____ *(This includes being stopped, arrested, cited, jailed, or appearing in court.)*

If yes, What was the contact for: _____ Were charges filed? ☐Yes ☐No

All police contact is to be called into your PO immediately.

TREATMENT: Are you attending treatment? ☐Yes ☐No

Domestic Violence ☐ Alcohol & Drug ☐ Other:_____

Name of Program_____ Counselor's Name: _____

Last appointment: _____ Next appointment: _____

USE THE BACK SIDE OF THIS FORM TO WRITE ANY COMMENTS YOU WISH TO MAKE.
I acknowledge that the statements I have made on this form are true, correct, and completed to the best of my knowledge.

Signature: _____ Date: _____