

KERN COUNTY PROBATION DEPARTMENT

Adult Probationer's Monthly Report

Please write clearly
and include your
probation number.

PROBATION OFFICER: _____ DATE: _____ PROBATION # _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

NOTE: Changes of address must be reported personally to the Probation Officer or Officer of the Day before moving.

LIVE WITH _____

VEHICLES OWNED OR DRIVEN:

YEAR _____ MAKE _____ MODEL _____ COLOR _____ LICENSE # _____

EMPLOYER _____ OCCUPATION _____

ADDRESS _____

Did you have any contact with law enforcement this month? YES NO

IF YES, NAME OF AGENCY _____ DATE _____ REASON _____

SIGNATURE _____ SS# _____ D.O.B. ____/____/____

FINANCIAL STATEMENT

EARNINGS \$ _____

OTHER INCOME \$ _____

CASH ON HAND \$ _____

TOTAL EXPENSES \$ _____

*** This report must be mailed to:**

P.O. Box 3309, Bakersfield, CA 93385 or delivered in person to: 1415 Truxtun Ave., Room 400, Bakersfield, CA
between the 1st and 10th of each month. Failure to submit a monthly report is a probation violation!