

**WICHITA COUNTY MONTHLY REPORT FORM**

Community Supervision and  
Corrections Department  
600 Scott Ave, Suite 101  
Wichita Falls, Texas 76301-2531  
(940)766-8100 www.wcprob.org  
Fax(940)766-8109

Date \_\_\_\_\_  
Assigned Officer \_\_\_\_\_

**INSTRUCTIONS:**

1. The Court has ordered that you report each and every month.
2. Should you miss your scheduled report date, contact your assigned community supervision officer. This form is valid ONLY for the month it is received.
3. Answer every question, even if the answer is the same as on previous reports. If a question does not apply, write "N/A."

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street or Route No. Apt. No. City State Zip  
(THIS IS TO BE THE ADDRESS WHERE YOU ACTUALLY LIVE)

List person(s) living with you \_\_\_\_\_ Relationship \_\_\_\_\_  
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Circle which best describes your current job status:

EMPLOYED full time / part time    UNEMPLOYED    STUDENT/RETIRED    HOMEMAKER    DISABLED

Current employer \_\_\_\_\_

Employer's address \_\_\_\_\_  
Street or Route No. Apt. No. City State Zip

Supervisor's name \_\_\_\_\_ Employer's phone \_\_\_\_\_

Shift hours worked \_\_\_\_\_ to \_\_\_\_\_ Weekly total \_\_\_\_\_ Days off \_\_\_\_\_

Hourly wage \_\_\_\_\_ Monthly total wage \_\_\_\_\_

What type of work do you do? \_\_\_\_\_

Days missed work since last report \_\_\_\_\_ Reason \_\_\_\_\_

Is your employer aware of your community supervision? yes \_\_\_\_\_ no \_\_\_\_\_

Have you changed employment since last report? yes \_\_\_\_\_ no \_\_\_\_\_  
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Amount received monthly from the following benefits:    N/A \_\_\_\_\_    AFDC\$ \_\_\_\_\_

Food stamps \$ \_\_\_\_\_    Social Security/SSI \$ \_\_\_\_\_    Unemployment \$ \_\_\_\_\_

Worker's comp \$ \_\_\_\_\_    Other \$ \_\_\_\_\_  
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I am enclosing a cashier's check or money order for \$ \_\_\_\_\_ (including the \$2.00 Administrative Fee) which is in payment for my court ordered fees.

If you are mailing your payment(s), include your name and address on the instrument and use a security envelope. **Cashier's checks or money orders** should be made out to **Wichita County CSCD** or **Wichita County Adult Probation**.

**DO NOT SEND CASH, PERSONAL OR BUSINESS CHECKS.**

**IF NO PAYMENT IS MADE,  
EXPLAIN THE REASON ON THE BACK OF THIS FORM.**

**Wichita County Monthly Report Form, continued**

Has the Court ordered you to pay child support?   yes \_\_\_\_\_                      no \_\_\_\_\_

Monthly amount \_\_\_\_\_ Are you current on your payments? yes \_\_\_\_\_ no \_\_\_\_\_  
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Do you own or operate a motor vehicle?                      yes \_\_\_\_\_                      no \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag No. \_\_\_\_\_  
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Have you been arrested since your last report?   yes \_\_\_\_\_                      no \_\_\_\_\_

If yes, write complete details in the blank space below your signature.  
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Have you completed your community service restitution hours for this month?  
yes \_\_\_\_\_ where? \_\_\_\_\_

If not, explain: \_\_\_\_\_  
\_\_\_\_\_

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I have read this report and all questions have been answered correctly. I understand this information may be verified by the Community Supervision and Corrections Department.

\_\_\_\_\_  
Defendant's signature

\_\_\_\_\_  
Interviewing Supervision Officer

Additional comments: \_\_\_\_\_  
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