

Time Period Covered: \_\_\_\_\_

Officer: \_\_\_\_\_

**OKLAHOMA DEPARTMENT OF CORRECTIONS  
WRITTEN REPORT**

Check below if any change since your last report:

Address

Employment

Phone

Vehicle

**INSTRUCTIONS: Please complete all blanks**

Name: \_\_\_\_\_

ODOC #/Case #: \_\_\_\_\_

Address: \_\_\_\_\_ APT #: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

If box number or rural route, list directions on the back of this report.

Name of apartments: \_\_\_\_\_

Best phone number to contact you: \_\_\_\_\_

Persons residing with you (list names and relationships):

Employer (company name): \_\_\_\_\_

Your job title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Hours (time) – From: \_\_\_\_\_

To: \_\_\_\_\_

Boss' Name: \_\_\_\_\_

Work Days (check days that you work):  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

Does your boss know you are on probation/parole?  Yes  No

Take home pay (last month): \_\_\_\_\_

Did you bring/attach proof of employment?  Yes  No

If unemployed, list your means of support: \_\_\_\_\_

Have you been in contact with law enforcement officers since last report?  Yes  No

If yes, were you:  Arrested  Received tickets or  Questioned? (check one)

If so, by whom? \_\_\_\_\_ What for? \_\_\_\_\_ When? \_\_\_\_\_

Charges filed?  Yes  No If yes, where? \_\_\_\_\_

Next court date: \_\_\_\_\_

Have you made your supervision fee payment this month?  Yes  No

Are you attending counseling/AA?  Yes  No If yes, where? \_\_\_\_\_

Counselor's name: \_\_\_\_\_

Vehicle description – Year: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Color: \_\_\_\_\_ Tag #: \_\_\_\_\_

Owner: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Signature

Today's date

Do you need more report forms?  Yes  No

Do you need more supervision fee payment envelopes?  Yes  No

**PURGE UPON DISCHARGE**