

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS
WRITTEN MONTHLY REPORT

Officer's Name: _____
For Month Ending: _____
Date/Time submitted: _____

YOUR NAME: _____

DC#: _____

YOUR RESIDENCE ADDRESS: (include Name of
Subdivision, Apartment Complex and Number,
Mobile Home Park and Lot Number, if applicable):

(Provide physical location – **NOT** Post Office Box)

TELEPHONE No. _____

CELLULAR TELEPHONE No. _____

PAGER No. _____

Vehicle Make/Model/Year/Tag #: _____ _____
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EMPLOYER: _____

SUPERVISOR'S NAME: _____

EMPLOYER'S ADDRESS:

EMPLOYER'S TELEPHONE No. _____

CELLULAR TELEPHONE No. _____

PAGER No. _____

EMPLOYER EMAIL: _____

YOUR TOTAL MONEY EARNED MONTHLY:

\$ _____ (Gross Amount)

Full time _____ Part-time _____ Hours Worked _____

Additional (2nd) employment information: _____

List full names, ages, and your relationship to all persons who resided at your residence during this month:

Have you consumed alcoholic beverages?

YES

NO

Have you used or bought illegal drugs or controlled substances?

Have you attended educational, vocational classes or mental
health, drug, alcohol, therapy, or self-improvement programs?

(If yes, circle which one)

Have you been arrested or had any contact with law enforcement during the last month?

If yes, explain what happened on separate sheet of paper, attached to report.

If you went into debt for any reason, explain: _____

If not working, give reason and source of income: _____

If you have any questions or problems to discuss with your Officer, explain: _____

If monetary obligation owed, amount paid this month: \$ _____

Receipts are available through your probation officer. DO NOT SUBMIT CASH OR PERSONAL CHECKS! Make money order payable to the Department of Corrections.
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If monetary obligation owed and no payment made, give reason and date when payment will be made: _____

Official Use Only: Signature of Officer Receiving Report: _____ Date WMR Received: _____ Date WMR Due: _____ Comments: _____ _____
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I certify the above to be true and complete:

Your Signature: _____

Mailing Address: _____

City: _____

State: _____ **Zip:** _____

E-Mail Address: _____
(if applicable)