

IDOC PROBATION AND PAROLE LIMITED SUPERVISION UNIT – OFFENDER MONTHLY REPORT

Name:	IDOC #:	Employer:	Phone #:
Current Address:	Apt/Unit #:	Address:	City:
City:	State:	Position:	Supervisor:
Home Phone #:	Cell #:	Hours worked:	Wages per hour:
Email address:		SSI/SSDI/Retirement Income:	
Name and Phone Number of Nearest Relative not living with you:		School (if F/T or P/T student):	

Cost of Supervision		
Balance:	Last Amount paid:	Last Date paid:

You must stay current on your cost of supervision; failure to follow through with this is a violation of Idaho code 20-255.

Fine/Restitution		
Balance:	Last Amount paid:	Last Date paid:

If your fine/restitution is not paid before the end of your probation a report of violation could be filed resulting in the extension of your probation.

Have you have contact with law enforcement? If Yes, please explain: _____

All information on this form must be filled out in full, if it does not apply put N/A.

I certify that the above information is correct and accurate. I understand that providing false or misleading information may result in a Report of Violation being submitted or other disciplinary action.

Mail form to:

*Limited Supervision Unit
 Idaho Department of Correction
 1299 N. Orchard, Suite 110
 Boise, ID 83706*

Signature: _____

Date: _____