SEDGWICK PROBATION OFFICE
Client Report Form

Report was: [ ] In Person [ ] Telephone Date: _____

Name: _____ Phone: _____

Address: _____ Cell: _____

City: _____ State: _____ Zip: _____

Drivers License # _____ Vehicle Tag # _____

Employer: _____ Phone: _____

Employer Address: _____

Supervisor's Name: _____

Did you miss any work during the last 30 days? [ ] No [✔] Yes If Yes, when and why?

Does your employer know you are on probation? [✔] Yes [ ] No

If you are unemployed, are you looking for work? [✔] Yes [ ] No
(If unemployed, job search verification must be submitted)
Are your fine payments current? [✔] Yes Balance to be paid $_____ [ ] No If no, why ?

Are you attending any of the following treatment programs?

- [ ] Alcohol/Drug Counseling
- [ ] Domestic Violence Prevention
- [ ] Educational
- [ ] Mental Health Counseling

If yes date of last visit _____
Where you attended

Have you had any contact with any law enforcement agency in the last 30 days? [ ] Yes [ ] No

If yes, when and why? _____

Comments _____

Name and Address of a Relative not living in your home _____

Are you reporting any changes? [✔] Yes [ ] No

_____
Signature of Probation Officer