DANIEL P. MCCOY
County Executive

COUNTY OF ALBANY
PROBATION DEPARTMENT
60 SOUTH PEARL STREET
ALBANY, NEW YORK 12207
PHONE: (518) 487-5200
FAX: (518) 487-5204
www.albanycounty.com

WILLIAM CONNORS
Acting Director

LAURIE LAINHART
Principal Probation Officer

MONTHLY REPORT

Name (print) _____ Date _____

Address: _____

Date of Birth: _____ Current Phone Number:_____

This report is being supplied to you by the Albany County Probation Department so that you may report by mail, monthly. Failure to fill out this form will mean that you have to report in person instead of by mail. Mail this form to Albany County Probation, 60 South Pearl Street, Albany, NY 12207 the first of each month.

Where are you now employed? (Please list name and address of employer). Be complete. Please send a copy of your most recent pay stub, with this report form.

_____

_____

_____

If you are presently unemployed, how are you supporting yourself and your family?

_____

_____

Have you been questioned by or arrested in the last month by a police agency? Give specific details of any such activity.

_____

_____

Have you **enclosed** payment toward any restitution, DWI supervision fee, fine or surcharge amount that you owe, with this letter? Remember, only money orders or cashiers checks are acceptable payment, made out to Albany County Probation.

☐ Yes ☐ No (Check one) Amount **enclosed** with this letter: _____

I am in compliance with my probation conditions: ☐ Yes ☐ No (Check one)

Are you attending any counseling/treatment? ☐ Yes ☐ No (Check one)

If yes where are you attending _____ How often _____

Treatment provider's name: _____ Phone # _____

Is there any other information you desire your probation officer to know?

_____

_____

_____

Do you need more of these report forms? ☐ Yes ☐ No (Check one)

Please sign and date below. **Probation Officer's Name**

Sign here _____ _____

Date: _____

The following must be signed by a parent, husband, wife, employer, or a reliable third party approved by your probation officer.

I hereby certify the above report to be true to the best of my knowledge.

Signed _____

Address _____

_____

Relationship to probationer _____

THIS MUST BE SIGNED

Please mail to:

Albany County Probation
60 South Pearl Street
Albany, NY 12207

ACPD-137 (6/03)