

STATE OF FLORIDA  
DEPARTMENT OF CORRECTIONS  
**WRITTEN MONTHLY REPORT**

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

**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.** \_\_\_\_\_

<b>Vehicle Make/Model/Year/Tag #:</b> _____ _____
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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 (2<sup>nd</sup>) 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: \$ \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

<b>Official Use Only:</b> <b>Signature of Officer Receiving Report:</b> _____  <b>Date WMR Received:</b> _____ <b>Date WMR Due:</b> _____ <b>Comments:</b> _____ _____ _____
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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)