ECTOR COUNTY

COMMUNITY SUPERVISION AND CORRECTION DEPARTMENT
(ADULT PROBATION)
312 N. TEXAS AVENUE
ODESSA, TEXAS 79761
(432) 498-4103 (432) 498-4392 FAX
www.ectorcscd.org

Name: _____ **Phone:** _____ **Cell:** _____

Address: _____ **City:** _____ **State/Zip**_____

Mailing Address: _____ **City:** _____ **State/Zip**_____

Person(s) With Whom I Live: _____

Employer: _____ **Phone:** _____

Address: _____ **City:** _____ **State/Zip**_____

Income since last report: $_____ **Expenses since last report: $** _____

Source of Income: _____

Vehicle Make: _____ **Model:** _____ **Year:** _____ **Color:** _____**Lic Plate #:**_____

Do you have the Interlock Device installed? ☐ **Yes** ☐ **No**

YES ☐ **NO** ☐ **Have you been arrested since your last report?**
If so, for what? _____
YES ☐ **NO** ☐ **Have you moved since your last report?**
YES ☐ **NO** ☐ **Have you changed jobs since your last report?**
YES ☐ **NO** ☐ **Are you paying today? Amount: $**_____
YES ☐ **NO** ☐ **Do you have any problems that you need to discuss?**

_____ _____/_____
Probationer's Name (print) **Probationer's Signature** **Date**

COMMENTS: _____

_____ _____/_____
Supervision Officer **Date** **Time**

ANY FALSE OR INCORRECT INFORMATION ENTERED ON THIS REPORT WILL BE CONSIDERED AS A VIOLATION OF COMMUNITY SUPERVISION