

# KLEBERG - KENEDY COUNTIES CSCD

## OFFENDERS MONTHLY REPORT

YOUR SUPERVISION OFFICER/CASEWORKER IS: (CHECK ONE)

☐ RAMSEY HERNANDEZ☐ KRISTIN JAMISON☐ CINDY SALINAS☐ RUBEN RAMOS JR☐ ROGER VASQUEZ-SAENZ☐ MICHELLE JAMES☐ IMELDA PEREZ-GUEVARA☐ CORINA GARZA-HIGGINS☐ BOBBY LARA☐ REINA SUSTAITA☐ MARTHA L. GARCIA☐ CLAUDIA PINA☐ LISA MOLINA☐ BRIDGETTE VASQUEZ

NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_ CAUSE# \_\_\_\_\_

Physical Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Has your address changed since your last report? ☐ YES ☐ NO If yes, explain why? \_\_\_\_\_Telephone (\_\_\_\_) \_\_\_\_\_ ☐ My phone ☐ My parents' ☐ other (specify) \_\_\_\_\_

With whom are you living with? \_\_\_\_\_

(names)

(family, spouse, friend)

EMPLOYER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

(NAME OF COMPANY)

ADDRESS \_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_\_

(CITY, STATE, ZIP CODE)

OCCUPATION \_\_\_\_\_ HOW LONG AT THIS JOB? \_\_\_\_\_

MONTHLY EARNING \$ \_\_\_\_\_ WHAT DAYS OF THE WEEK DO YOU WORK: PLEASE CHECK

☐ MON. ☐ TUE. ☐ WED. ☐ THURS. ☐ FRI. ☐ SAT. ☐ SUN. WHAT HOURS DO YOU WORK? FROM: \_\_\_\_\_ TO: \_\_\_\_\_

### CHECK THE APPROPRIATE ANSWER

1. HAVE YOU BEEN ARRESTED SINCE YOU LAST REPORTED? (IF YES, EXPLAIN IN COMMENT SECTION)

☐ YES ☐ NO

2. HAVE YOU VIOLATED ANY OTHER CONDITIONS OF YOUR SUPERVISION SINCE YOU LAST REPORTED?

☐ YES ☐ NO

3. DO YOU HAVE ANY PROBLEMS YOU WOULD LIKE TO DISCUSS WITH YOUR SUPERVISION OFFICER?

☐ YES ☐ NO

AMOUNT OF PAYMENT TODAY:

SUPERVISION FEES \$ \_\_\_\_\_ RESTITUTION \$ \_\_\_\_\_ FINE \$ \_\_\_\_\_ D.W.I. CLASS FEE \$ \_\_\_\_\_

CRIME STOPPERS FEE \$ \_\_\_\_\_ ATTORNEY FEE \$ \_\_\_\_\_ COURT COSTS \$ \_\_\_\_\_

ARE YOU UP TO DATE WITH YOUR OTHER COURT ORDERED MONIES? IF NO, EXPLAIN WHY \_\_\_\_\_

IF YOUR SUPERVISION OFFICER SHOULD NEED TO GET IN TOUCH WITH YOU, WHO WOULD KNOW WHERE YOU ARE?

NAME \_\_\_\_\_ PHONE# \_\_\_\_\_

### COMMENTS

I ACKNOWLEDGE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

DEFENDANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

ALL FELONY FEES AND  
MISDEMEANOR SUPERVISION FEES AND/OR RESTITUTION  
CAN BE SENT TO:

KLEBERG COUNTY SUPERVISION AND CORRECTIONS DEPT.  
PO BOX 1191  
KINGSVILLE, TX 78364

OTHER MISDEMEANOR FEES  
CAN BE SENT TO:

COUNTY CLERK'S OFFICE  
PO BOX 1327  
KINGSVILLE, TX 78364

PLEASE WRITE YOUR CAUSE # ON ALL CORRESPONDENCE MAILED TO OUR OFFICE