

# CRIMINAL PROBATION REPORT

**Report Due:** Monthly for the first 6 months of full compliance and then quarterly thereafter.

Case #: \_\_\_\_\_

Name of Probationer: \_\_\_\_\_

Profession: \_\_\_\_\_

Dates Seen: \_\_\_\_\_

**DOPL**

**ATTN: PROBATION UNIT**

**PO BOX 146741**

**SALT LAKE CITY UT 84114-6741**

Were there any missed appointments?

No  Yes How many? \_\_\_\_\_

Have you read the conditions of DOPL probation?  Yes  No. *If No, please read it before submitting this document.*

Telephone contact?  Yes  No

Phone number (\_\_\_\_) \_\_\_\_-\_\_\_\_

Briefly outline requirements of probation:

Compliance:

1. \_\_\_\_\_

Yes  No

2. \_\_\_\_\_

Yes  No

3. \_\_\_\_\_

Yes  No

4. \_\_\_\_\_

Yes  No

5. \_\_\_\_\_

Yes  No

6. Random urines obtained?  Yes  No

Results: \_\_\_\_\_

Please discuss any comments, recommendations or problems for this probationer:

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\_\_\_\_\_  
Name of Probation Officer (*Please Print*)

\_\_\_\_\_  
Signature of Probation Officer

(\_\_\_\_) \_\_\_\_-\_\_\_\_  
Phone Number

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature Date