

CRIMINAL PROBATION REPORT

Report Due: Monthly for the first 6 months of full compliance, quarterly thereafter.

Case# (found on Stipulation) _____

Name of Probationer: _____

This document may be uploaded to Spectrum or submitted by FAX to (801)530-6404. **Please include case number found on DOPL stipulation.**

Profession: _____

Dates Seen: _____

Have you read the conditions of DOPL probation?

Yes

if no, please read before submitting this document

Were there any missed appointments?

Yes No *If "yes", how many?* _____

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 <i>If yes, what were the results?</i> _____ | | |

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

Name of Probation Officer (Please Print)

Signature of Probation Officer

Phone Number

Date