



MONTGOMERY COUNTY COMMUNITY  
SUPERVISION  
AND CORRECTIONS DEPARTMENT

Ron Leach  
Director

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**COMMUNITY SUPERVISION REPORT FORM**

ALL BLANKS MUST BE FILLED IN \*\*\*PLEASE PRINT\*\*\*

Case #: \_\_\_\_\_ Name on Judgment: \_\_\_\_\_

Phone/Mobile: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_  
Physical Address and PO Box No. Apt. No. City State Zip

With whom do you reside? (Name and Relationship): \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Wages Last Month: \_\_\_\_\_ Number of Days Worked: \_\_\_\_\_

Explain Unemployment: \_\_\_\_\_

If Unemployed, what is your source & amount of income: (AFDC/food stamps/SSI/Workman's Comp./etc.)

TDL#: \_\_\_\_\_ If No TDL #, State ID or SS#: \_\_\_\_\_

Description of Vehicle: \_\_\_\_\_  
Make Model Year Color

Were you arrested or questioned by Law Enforcement Officers since your last report? \_\_\_\_\_

If Yes, Explain: \_\_\_\_\_

Do you have any pending court appearances?: \_\_\_\_\_ If Yes, Explain: \_\_\_\_\_

Last month, did you complete the following as instructed by your Supervision Officer? (Answer Yes/No):

CSR: \_\_\_\_\_ DWI Class: \_\_\_\_\_ Polygraphs: \_\_\_\_\_ Counseling: \_\_\_\_\_ GED: \_\_\_\_\_ AA/NA: \_\_\_\_\_

If Not, Why? \_\_\_\_\_

Are you delinquent on any monies owed?: \_\_\_\_\_ If so, Why?: \_\_\_\_\_

Did you report last month? \_\_\_\_\_ If Not, Why?: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Next Report: \_\_\_\_\_

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Total Amount of Fees Enclosed: \$ \_\_\_\_\_ Please Apply These Amounts to:  
Supervision Fees:.....\$ \_\_\_\_\_ Drug Screen Fees:.....\$ \_\_\_\_\_  
Crime Stoppers:.....\$ \_\_\_\_\_ Sex Offender Fees:.....\$ \_\_\_\_\_  
Pre-Sentence Investigation:.\$ \_\_\_\_\_

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Notes: \_\_\_\_\_  
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