

**KERN COUNTY PROBATION DEPARTMENT**  
**Adult Probationer's Monthly Report**

Please write clearly  
and include your  
probation number.

PROBATION OFFICER: \_\_\_\_\_ DATE: \_\_\_\_\_ PROBATION # \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

*NOTE: Changes of address must be reported personally to the Probation Officer or Officer of the Day before moving.*

LIVE WITH \_\_\_\_\_

VEHICLES OWNED OR DRIVEN:

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_ LICENSE # \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

Did you have any contact with law enforcement this month?  YES  NO

IF YES, NAME OF AGENCY \_\_\_\_\_ DATE \_\_\_\_\_ REASON \_\_\_\_\_

SIGNATURE \_\_\_\_\_ SS# \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

**FINANCIAL STATEMENT**

EARNINGS \$ \_\_\_\_\_

OTHER INCOME \$ \_\_\_\_\_

CASH ON HAND \$ \_\_\_\_\_

TOTAL EXPENSES \$ \_\_\_\_\_

**\* This report must be mailed to:**

P.O. Box 3309, Bakersfield, CA 93385 or delivered in person to: 1415 Truxtun Ave., Room 400, Bakersfield, CA  
between the 1st and 10th of each month. Failure to submit a monthly report is a probation violation!