



2nd 25th JUDICIAL DISTRICT CSCD

P.O. Box 330

Hallettsville, Texas 77964

(361)798-4353

Fax (361) 798-5904

Traci Darilek

Director

MONTHLY REPORT FORM

Monthly report forms and payments are due by the 15th of each month. A \$2.00 transaction fee is assessed with each payment. Only money orders, cashier checks and credit cards are accepted.

1. Name: _____ **Phone #:** _____ **Cell #:** _____

Mailing address: _____

City, _____ **State** _____ **Zip** _____

Physical address: _____
(If different from your mailing address.)

Name and relationship of person(s) living with you: _____

2. Employer: _____ **Phone #:** _____

Address: _____ **Wage \$:** _____

City, _____ **State** _____ **Zip** _____

3. Vehicle Description: Make _____ **Model** _____ **Color** _____
Year _____ **License** _____ **State** _____

4. Since your last report, have you:

Been arrested? _____ **If yes, for what?** _____

Failed to report? _____ **Date you reported last?** _____

Received a traffic ticket? _____ **If yes, for what?** _____

Violated any conditions of your probation? _____

Moved? _____ **Changed jobs?** _____ **Gotten married/divorced/separated?** _____

Do you have any pending court appearances? _____

If yes for what and date of court? _____

Alcohol/drug use? _____ **If yes, date of use?** _____

5. Fees paid this date:

Probation fees: \$ _____ **PSI Fee: \$** _____

Restitution: \$ _____ **Other: \$** _____

6. Amount Paid Towards Fine, Court Cost, and/or Attorney Fees: \$ _____

These payments need to be made directly to the District Clerks Office/County Clerk's office.

District Clerk (Felony): PO Box 306

Hallettsville, Texas 77964

County Clerk (Misdemeanor): PO Box 326

Hallettsville, Texas 77964

7. CSR hours completed this month: _____

8. Name of probation officer: _____ **Next report date:** _____

9. Questions/Comments: _____

Signature: _____ **Date:** _____