COUNTY OF LOS ANGELES

PROBATION DEPARTMENT

DIRECTIVE

No.:	1269
Issued:	10/27/11
Post Until:	11/27/11

SUBJECT: NEW ADULT SUPERVISION REPORTING FORM

When probationers report to an area office or a Deputy Probation Officer (DPO) conducts a field visit (Notice 1648), the contact must be documented on a report form. The attached form replaces the former "Report - In Person" form and is available on ProbNet.

Changes incorporated in the revised form include designations as to whether the contact was an **"Office"** or **"Field"** visit. A DPO supervising specialized caseloads such as Sex Registration, Family Violence, Probation Supervised Persons, etc., are required to make field visits. These contacts and other pertinent information are to be documented in case records (APS/DCID).

In accordance with the Family and Children Index (FCI) AFSB procedures (Directives 1237 and 1239), the form now includes a section which requires the probationer to list the first and last names, relationship, and ages of their natural children as well as all children that live in their residence.

Deputies should continue to review the report-slip information for accuracy and completeness. Any changes should be documented in case records and appropriate action taken. Deputies should continue to maintain the completed forms in the Probation X file per established procedures and staff should document their contacts using chrono entries in the DCID and RPDD screens.

Questions or concerns regarding this Directive shall be directed to the Adult Consultant at (562) 940-2525 or AFSB Special Assistant at (562) 940-3632.

Dave Leone

Dave Leone, Bureau Chief
Adult Field Services Division

LOS ANGELES COUNTY PROBATION DEPARTMENT
REPORT SLIP

☐ Office ☐ Field Date: Time:	X-Number:	AREA OFFICE:

Name (Print) _____ AKA/Aliases _____
(TRUE NAME)
Address _____ City _____ Zip _____
☐ Check if new address
Phone No _____ Date of Birth _____ Social Security No._____
☐ Check if new Phone No

List all your natural children and all children who live in your home with you.

FULL NAME (First and Last)	RELATIONSHIP	AGE	ADDRESS WHERE THE CHILD LIVES

*** **YOU MUST LIST ANY ADDITIONAL CHILDREN ON THE BACK OF THIS FORM.**

WERE YOU ARRESTED, CITED, JAILED, OR IN COURT SINCE YOU LAST REPORTED? ☐ Yes ☐ No Date _____

ARRESTING AGENCY _____ **CHARGE(S)** _____

If required to register, is your registration and registered address current? ☐ Yes ☐ No

Are you attending a drug, alcohol, domestic violence, parenting, sex offender, mental health, or other type of counseling program? ☐ Yes ☐ No PLEASE CIRCLE THE TYPE OF PROGRAM (from selections listed above)
Name of the program _____
Counselor/Caseworker Name: **Phone No: ( )**

Monthly Income Total: _____ **Source(s) of Income** _____

Present Occupation _____ Work Schedule **SU M T W TH F S** Hours _____
(Please circle days you work) (Start time – End time)

Company/Employer Name _____

Address _____ Phone _____

Does your employer know you are on probation? _____ How many people do you support? _____

If not working, how you are supported? _____

VEHICLE INFORMATION: LIST ANY VEHICLE REGISTERED TO/OWNED BY YOU

MAKE	LICENSE #	MODEL	YEAR	COLOR	PAYMENT
1.					
2.					

Payments can be made by phone at *(866) 755-0255* or on the internet at *probation.lacounty.gov*
PAYMENTS MADE BY MONEY ORDER, BANK DRAFT, OR PERSONAL CHECK (NO PAYROLL CHECKS AND NO CASH) must include Account Number and be made payable to:

Los Angeles County Probation Department
Post Office Box 60997, Los Angeles, CA 90060

I declare under penalty of perjury that all information on this form is true and correct. I understand that falsifying or omitting information represented on this form may constitute a violation of probation.

Probationer Signature: _____