

MICHIGAN DEPARTMENT OF CORRECTIONS
OFFENDER SUPERVISION REPORT

CFJ-105
 Rev. 3/98

INSTRUCTIONS: Please answer each item on this report and sign your name and date

<input type="checkbox"/> Probationer		<input type="checkbox"/> Prisoner		<input type="checkbox"/> Parolee		Agent: _____	
Name						Number	
Address (Number, Street, & City)						Telephone Number	
Name of Person(s) with whom you live						Relationship	
Name of Employer/Training/School				Address of Employer/Training/School			
What is your specific Job/Training/School program?				Contact Person		Telephone Number	
Does your Employer/Trainer/Teacher know you are on Probation/ Parole/ Prisoner status? <input type="checkbox"/> Yes <input type="checkbox"/> No							
What hours do you Work/Train/ Attend							
Hourly rate or salary		Gross income since last report		What is the source of your income?			
How much Work/ Training/ School time have you lost since last report?				Why did you lose time from Work/ Training/ School?			
Are you currently enrolled in a Treatment Program? <input type="checkbox"/> Yes <input type="checkbox"/> No				Name and Address of Program			
Date last attended?							
Do you own a Motor Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you Drive a Motor Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		Make and Model of Vehicle			
Year	Color	License Number	Marital Status (Check One) <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
Amount paid since last report:	Restitution	Costs	Fines	Child Support			
	Parole Loan	Supervision Fee	Electronic Monitoring Equipment	Community Service			
Have you been arrested or contacted by the police since your last report? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain)							
Falsification of the above information may result in Initiation of Revocation Proceedings.							
Signature of Probationer / Prisoner / Parolee _____				Date Report Submitted _____			
For Agent Use only							

 Agent Signature _____
 Date Received

