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**STATE OF FLORIDA  
DEPARTMENT OF CORRECTIONS  
OFFENDER INFORMATION SHEET AND REPORTING INSTRUCTIONS**

Official Name: \_\_\_\_\_ DC#: \_\_\_\_\_  
(Last, First, Middle Name/Suffix)

Race \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Florida Identification/Driver's License# \_\_\_\_\_ Social Security # \_\_\_\_\_

True Name: \_\_\_\_\_ Alias/Nickname \_\_\_\_\_  
(Last, First, Middle Name, Suffix)

Maiden Name \_\_\_\_\_ Height- Ft/In. \_\_\_\_\_ Weight \_\_\_\_\_ Complexion \_\_\_\_\_ Hair Color \_\_\_\_\_

Eye Color \_\_\_\_\_ Body Build \_\_\_\_\_ Scars/Marks/Tattoos - Description and Location \_\_\_\_\_

Birth City /County \_\_\_\_\_ Birth State \_\_\_\_\_ Birth Country \_\_\_\_\_ Citizenship \_\_\_\_\_ Ethnic \_\_\_\_\_ Primary Language \_\_\_\_\_

Religion \_\_\_\_\_ Understand English? \_\_\_\_\_ Marital Status \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_

Offender Address (PRESENT): \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone and Cell # \_\_\_\_\_

Instant Message Name(s), if applicable: \_\_\_\_\_

Offender electronic mail address(s), if applicable \_\_\_\_\_

Significant Other: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Significant Other: Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Mother's/ Maiden Name: \_\_\_\_\_

Mother's and/or Father's Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Mother or Father's phone number, including area code: \_\_\_\_\_

Employer's Name (Primary): \_\_\_\_\_ Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Telephone # \_\_\_\_\_ Length of Time Employed \_\_\_\_\_

Begin Date (Month/Year) \_\_\_\_\_ Primary Duty \_\_\_\_\_ Industry \_\_\_\_\_ Supervisor's Full Name \_\_\_\_\_

If you are a member of a gang, name of gang/group: \_\_\_\_\_

Have You Ever Been On Any Type Of Supervision? \_\_\_\_\_ If So, where? \_\_\_\_\_ When \_\_\_\_\_

OFFICE OF SUPERVISION REPORTING INSTRUCTIONS

REPORT TO THE PROBATION OFFICE INDICATED BELOW AND PRESENT THIS FORM TO THE OFFICE RECEPTIONIST. FAILURE TO REPORT IS A VIOLATION OF YOUR SUPERVISION.

REPORT ON: \_\_\_\_\_ AT: \_\_\_\_\_  
(Date) (Time)

Offender Signature/Date acknowledging receipt of reporting instructions.

Intake Personnel Signature/Date

Offices:

STATE OF FLORIDA  
DEPARTMENT OF CORRECTIONS  
**WRITTEN MONTHLY REPORT**

Officer's Name: \_\_\_\_\_  
 For Month Ending: \_\_\_\_\_  
 Date/Time submitted: \_\_\_\_\_

**YOUR NAME:** \_\_\_\_\_

**DC#:** \_\_\_\_\_

**YOUR RESIDENCE ADDRESS:** *(include Name of Subdivision, Apartment Complex and Number, Mobile Home Park and Lot Number, if applicable):*

\_\_\_\_\_

\_\_\_\_\_

*(Provide physical location - **NOT** Post Office Box)*

**TELEPHONE No.** \_\_\_\_\_

**CELLULAR TELEPHONE No.** \_\_\_\_\_

**PAGER No.** \_\_\_\_\_

**Vehicle Make/Model/Year/Tag #:** \_\_\_\_\_

\_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**SUPERVISOR'S NAME:** \_\_\_\_\_

**EMPLOYER'S ADDRESS:**

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYER'S TELEPHONE No.** \_\_\_\_\_

**CELLULAR TELEPHONE No.** \_\_\_\_\_

**PAGER No.** \_\_\_\_\_

**EMPLOYER EMAIL:** \_\_\_\_\_

**YOUR TOTAL MONEY EARNED MONTHLY:**  
 \$ \_\_\_\_\_ *(Gross Amount)*

**Full time** \_\_\_\_\_ **Part-time** \_\_\_\_\_ **Hours Worked** \_\_\_\_\_  
**Additional (2<sup>nd</sup>) employment information:** \_\_\_\_\_

List full names, ages, and your relationship to all persons who resided at your residence during this month:

\_\_\_\_\_

\_\_\_\_\_

	YES	NO
Have you consumed alcoholic beverages?	<input type="checkbox"/>	<input type="checkbox"/>
Have you used or bought illegal drugs or controlled substances?	<input type="checkbox"/>	<input type="checkbox"/>
Have you attended educational, vocational classes or mental health, drug, alcohol, therapy, or self-improvement programs? <i>(If yes, circle which one)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been arrested or had any contact with law enforcement during the last month?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, explain what happened on separate sheet of paper, attached to report.

If you went into debt for any reason, explain: \_\_\_\_\_

If not working, give reason and source of income: \_\_\_\_\_

If you have any questions or problems to discuss with your Officer, explain: \_\_\_\_\_

\_\_\_\_\_

If monetary obligation owed, amount paid this month: \$ \_\_\_\_\_

Receipts are available through your probation officer. **DO NOT SUBMIT CASH OR PERSONAL CHECKS!**  
 Make money order payable to the Department of Corrections.

If monetary obligation owed and no payment made, give reason and date when payment will be made: \_\_\_\_\_

\_\_\_\_\_

**Official Use Only:**

**Signature of Officer Receiving Report:**

\_\_\_\_\_

**Date WMR Received:** \_\_\_\_\_

**Date WMR Due:** \_\_\_\_\_

**Comments:**

\_\_\_\_\_

I certify the above to be true and complete:

**Your Signature:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_  
*(if applicable)*