

Department of Criminal Justice Services

**COMMUNITY CORRECTIONS AND PRETRIAL SERVICES
TRANSFER CASE MONTHLY PROGRESS REPORT**

Final Closure Report YES NO

CASE TRANSFERRED FROM _____ ON _____ REPORT FOR MONTH _____

OFFENDER/DEFENDANT NAME _____ SSN _____

ADDRESS _____ PHONE _____

EMPLOYMENT _____ GROSS MONTHLY INCOME \$ _____

PAID THIS MONTH: RESTITUTION \$ _____ COURT COSTS \$ _____ FINES \$ _____

C.S.W. HOURS ASSIGNED _____ COMPLETED THIS MONTH _____ BALANCE _____

COMMUNITY SERVICE WORKSITE _____

SUPERVISION: DATES AND TYPES OF CONTACTS _____

MISSED APPOINTMENTS _____

INACTIVE SUPERVISION: FROM _____ TO _____

REASON INACTIVE _____

DRUG SCREENS: DATES AND RESULTS _____

ALCOHOL SCREENS: DATES AND RESULTS _____

COMMENTS: _____

Agency Representative

Date