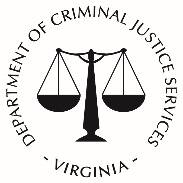
**Commonwealth of** **Virginia**

**Virginia Department of Criminal Justice Services**

Community Corrections and Pretrial Services

**TRANSFER CASE MONTHLY PROGRESS REPORT**

Final Closure Report: YES  NO

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Report for Month**: | | | | |  | | | | | | | | | | | | | | | | | | | | | |  |
| Case Transferred From: | | | | | |  | | | | | | | | | | | | | | Acceptance Date: | | | |  | | |
| Individual’s Name: | | | |  | | | | | | | | | | | | | | | | Last 4-SSN: |  | | | | | |
| Address: |  | | | | | | | | | | | | City: | |  | | | | | | | | Zip: | |  | |
| Home Phone: | |  | | | | | | | | | | Cell Phone: | | | |  | | | | | | | | | | |
| Employment: | | |  | | | | | | | | | | | | | | Gross Monthly Income $: | | | | | | |  | | |
| Payments This Month: | | | | | |  | | | Restitution $ |  | | | | Court Cost $ | | | | |  | | | Fines $ | | |  | |
| Community Service Worksite: | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Community Service Hours Assigned: | | | | | | | |  | | | Completed This Month: | | | | | | |  | | | | Balance: | | | |  |

**Supervision Activity**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Types of Contact** | | | | | **Missed** |
|  | Phone | Office Appt. | Virtual Appt. | Court | Other |  |
|  | Phone | Office Appt. | Virtual Appt. | Court | Other |  |
|  | Phone | Office Appt. | Virtual Appt. | Court | Other |  |
|  | Phone | Office Appt. | Virtual Appt. | Court | Other |  |
|  | Phone | Office Appt. | Virtual Appt. | Court | Other |  |

|  |  |
| --- | --- |
| **Date** | **Alcohol Result** |
|  |  |
|  |  |
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|  |  |
| --- | --- |
| **Date** | **Drug Type & Result** |
|  |  |
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| --- | --- | --- | --- | --- |
| **Inactive Supervision: From** | |  | **To** |  |
| **Reason:** |  | | | | |

|  |
| --- |
| **Comments/Summary:** |
|  |

|  |  |
| --- | --- |
|  |  |

**Agency Representative Date**