**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:** |
|  |

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

**Agency Representative Date**