



DEPARTMENT OF ALTERNATIVE SENTENCING
Carson City, Nevada



Tad Fletcher, Chief

FORMAL PROBATION REPORTING FORM

NAME (Print Name Clearly): _____

DOB _____/_____/_____

Address _____

(CITY) (STATE) (ZIP CODE)

Cell # _____ Home # _____

Are you taking prescription medication? Yes No (check one)

Have the medications been approved? Yes No (check one)

Employed? _____ Place of Employment _____

Have you had any contact with Law Enforcement? Yes No (check one)

If yes, explain: _____

I authorize the release and exchange of information between the Carson City Justice and Municipal Court, Department of Alternative Sentencing, and any counseling/educational programs, social service agencies and or health care providers. I understand the terms and conditions of my suspended sentence. I also understand if I do not fulfill all the requirements of my suspended sentence, I will be arrested and my suspended sentence may be revoked (NRS 211A.090).

Probationer's Signature _____ Date _____

Office Use Only-(Don't write below this line)

Amount Paid \$ _____ Balance \$ _____ Next Payment: _____

Date Form Received _____ Tech: _____

Case # _____/_____