

ALL SPACES MUST BE COMPLETED. Please mail this form by the 10<sup>th</sup> of each month to the following address:

**Taylor/Callahan/Coleman Community Supervision & Corrections**  
**Mail-In Report Form**  
301 Oak St  
Abilene, TX 79602  
325-674-1247  
www.taylorcscd.org

Date: \_\_\_\_\_ Amount Enclosed: \_\_\_\_\_  
Name : \_\_\_\_\_ Officer: \_\_\_\_\_  
Cause: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

**Have you been arrested since your last contact with your probation officer?**

YES NO (If yes, enclose a written explanation)

**Has your address changed?** YES NO Address : \_\_\_\_\_  
When (date) \_\_\_\_\_

**Has your employer changed?** YES NO Employer : \_\_\_\_\_  
 Part Time  Full Time Employer Address: \_\_\_\_\_  
 Temp  Seasonal \_\_\_\_\_  
Employer Phone: ( ) \_\_\_\_\_ Hire Date: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Wages: \_\_\_\_\_  
(First and Last Name)  Monthly  Bi-Weekly  Weekly  
Job Title: \_\_\_\_\_

**Does your employer know you are on probation?** YES NO

**List two references with complete address and phone number:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Phone #: ( ) \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

**Vehicle Information** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Plate #: \_\_\_\_\_

**Email Address:** \_\_\_\_\_ (call your Taylor County CSCD officer if you are interested in reporting by web)

Comments: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

\*Money Orders or Cashier's Checks only

\*Personal checks are **NOT ACCEPTED**

\*If you would like a copy of your receipt, send a self-addressed stamped envelope with your payment