



Interstate Commission for Adult Offender Supervision

(Revised 10/18/06)

PROGRESS REPORT

Progress Reports are due at least annually or sooner at the request of a sending state.

To: Enter the 2 letter identifier for the state where this form will be sent	Date: Enter date when this form is being prepared (05/14/2008)	Type of supervision: <input type="checkbox"/> Parole <input type="checkbox"/> Probation <input type="checkbox"/> Other: Identify the offender's status. If "other," explain	Is this case: Check either if applicable <input type="checkbox"/> Registered Sex Offender <input type="checkbox"/> Victim sensitive
From: Enter the 2 letter identifier for the state where this form is sent from	Phone #: Enter 10-digit telephone number (999-999-9999) of the Interstate Compact office completing this request	Fax #: Enter 10-digit fax number (999-999-9999) of the Interstate Compact office completing this request	

OFFENDER INFORMATION

Offender's full name (last, first, MI): Enter name as it appears on court documents	Offender number: Enter the offender's identifying number(s) Sending state #: Receiving state #:			
AKA: Enter all of the offender's known aliases				
SS#: (if available) Enter social security #(999-99-9999)	FBI#: (if available) Enter Federal Bureau of Investigation identification #	Sex: : Enter M or F	Race: Enter race of offender (White, Black, Asian, American Indian)	DOB: Enter the offender's date of birth (05/14/2008)

Type of Report: Annual As requested Check appropriate box to note if report is annual or completed at the request of the sending state.

Address: Enter complete address of the offender

City:	State:	Zip:	Telephone: Enter 10-digit telephone number (999-999-9999) of the offender
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HOME/LIVING SITUATION: List the dates of each home visit made by the supervising officer and enter a complete and accurate synopsis of the offender's performance at his residence including any residence changes (good or bad). Include any specific dates relating to any significant actions regarding this offender.

EMPLOYMENT: List the dates of each employment contact made by the supervising officer. Provide a synopsis of the offender's employment activities and explain any changes in employment or job performance. If the offender is unemployed, list the date when the unemployment began

Company name: List the company name of the employer of the offender and complete address. If unemployed, enter None.

Address:

City:	State:	Zip:	Telephone: Enter 10-digit telephone number (999-999-9999) of the employer
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PROGRESS, PERFORMANCE, AND ATTITUDE: Enter a thorough report describing the offender's progress, performance and attitude during this period. Include any status on programs the offender is attending (example: drug treatment, anger management, etc.) Any arrest committed of the offender during this period should also be explained in detail along with the disposition for the arrest.

RECOMMENDATIONS/REQUESTS: Enter any recommendations or request regarding this offender. A recommendation may include early termination; the supervising officer should provide a very thorough report giving the reasons for this request including the offender's current level of supervision, performance at home and employment and including a report that all court ordered fines and fees have been paid in full.

Supervising Officer/Location: Name/Office/Contact Information of Supervising Officer	Date: Date Officer completed form	Compact Administrator/Designee: Name/Office/Contact Information of Interstate Compact Office staff who processed this form	Date: Date Compact office processed form
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Help Document