



# Boulder County Community Justice Services

## Pre-trial Supervision Monitoring report

Date: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ House  Apartment  Apt#: \_\_\_\_\_  
*Street City State Zip*

E-mail address: \_\_\_\_\_

Person Living With: \_\_\_\_\_ Phone: \_\_\_\_\_

### EMPLOYMENT:

Are you currently employed? Y / N Employer: \_\_\_\_\_

### COURT

When is your next court appearance? Date: \_\_\_\_\_ Time: \_\_\_\_\_ Boulder  Longmont

Are you receiving your court reminder text messages and/or emails? Y / N

### LAW ENFORCEMENT CONTACT:

Have you been contacted by any law enforcement agency since your last report? Yes  NO

If yes, please provide details including Agency/Officer Name, Date of contact, and outcome (did you get a ticket, arrested, warning, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tell me something that is going well for you at this time :

\_\_\_\_\_  
\_\_\_\_\_

Do you need assistance from your case manager? YES  NO

If yes, what type of assistance do you need and how would you like us to contact you. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name (Please Print) Signature Date: \_\_\_\_\_