

FLORIDA DEPARTMENT OF CORRECTIONS  
SUPERVISION REPORT  
(FOR THE MONTH OF \_\_\_\_\_)

NAME: \_\_\_\_\_

DC#: \_\_\_\_\_

OFFICER NAME/LOCATION: \_\_\_\_\_

RESIDENCE:

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Building: \_\_\_\_\_ Apt#: \_\_\_\_\_ Lot#: \_\_\_\_\_ Code to access security gate: \_\_\_\_\_

**LIST FULL NAMES, AGES, AND RELATIONSHIP OF OTHERS WHO CURRENTLY LIVE AT THIS RESIDENCE (Note if anyone is on supervision):**

\_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CELLULAR PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE): \_\_\_\_\_

VEHICLE - \_\_\_\_\_

MAKE	MODEL	YEAR	COLOR	TAG#
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CHECK CURRENT STATUS OF DRIVER'S LICENSE:  Valid  Revoked (Date: \_\_\_\_\_)  Suspended (Date: \_\_\_\_\_)

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EMPLOYMENT:

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employment Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your job title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

SALARY/INCOME EARNED (for past month): \_\_\_\_\_ DATE BEGAN: \_\_\_\_\_ DATE ENDED: \_\_\_\_\_

Typical Days/Hours Worked: \_\_\_\_\_

**NOTE: If unemployed (and not retired, disabled or a full-time student), attach completed Job Search form or list for the month.**

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STUDENT/SCHOOL:  N/A

Type of Class/School Attending:  High School  College  Adult Education  Vocational  Other Course  Online Classes

School/Class Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total Semester/Quarter Hours Enrolled: \_\_\_\_\_

Date Class or Semester Began: \_\_\_\_\_ Date Ended: \_\_\_\_\_ (Attach proof of enrollment or ending report)

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**Page 1 of 2 - Please complete the other/reverse side of this report (OVER)**

DC3-2026 (Effective 2/14)

Incorporated by Reference in Rule 33-302.110, F.A.C.

2 Part File-Right Side  
6 Part File-Section 2

**SPECIAL CONDITIONS OF SUPERVISION** – List progress made this past month on special conditions ordered, including:

PUBLIC SERVICE HOURS: \_\_\_\_\_ MONETARY PAYMENT: \_\_\_\_\_ OTHER: \_\_\_\_\_

TREATMENT ATTENDED THIS PAST MONTH: \_\_\_\_\_

NOTE: Attach required Support Group Attendance forms, driving logs, public service work documentation, etc. as required.

**PAYMENTS:** Payments may be made by either U. S. Mail or credit card using one of the services described on the DC Public Web site, [www.dc.state.fl.us](http://www.dc.state.fl.us) under the Probation link "FAQS" - Frequently Asked Questions- Four Ways to Pay Court Ordered Payments.

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**CONTACT WITH LAW ENFORCEMENT** – If you had any contact with law enforcement this past month, explain details here: \_\_\_\_\_

Do you have a problem or concern you would like to discuss with your probation officer?  YES  NO

How did you spend your free time last month? \_\_\_\_\_

**PERSONAL GOALS:** Write each of your top 2 goals you are working to achieve. Indicate at least 2 action steps you took last month and 2 action steps you will take this month to achieve each goal.

GOAL # 1:

ACTION STEPS I TOOK LAST MONTH:

1. \_\_\_\_\_
2. \_\_\_\_\_

ACTION STEPS I WILL TAKE THIS MONTH:

1. \_\_\_\_\_
2. \_\_\_\_\_

GOAL # 2:

ACTION STEPS I TOOK LAST MONTH:

1. \_\_\_\_\_
2. \_\_\_\_\_

ACTION STEPS I WILL TAKE THIS MONTH:

1. \_\_\_\_\_
2. \_\_\_\_\_

Signature

Date

Signature of Officer Receiving Report

Date Report Reviewed

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