

PRETRIAL SERVICES
TARRANT COUNTY CORRECTION CENTER
100 NORTH LAMAR STREET
FORT WORTH, TX 76196-0218
(817) 884-1465



MONTHLY REPORT FORM

CID # _____ CASE NUMBER(S) _____

COURT _____ OFFENSE(S) _____

PLEASE PRINT:

NAME _____ PHONE # _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

EMPLOYER _____ ADDRESS _____ PHONE # _____

HAVE YOU HIRED AN ATTORNEY? _____

ATTORNEY'S NAME _____ PHONE # _____

HAVE YOU CHANGED YOUR ADDRESS SINCE YOUR LAST REPORT? _____

HAVE YOU CHANGED EMPLOYMENT SINCE YOUR LAST REPORT? _____

HAVE YOU BEEN ARRESTED SINCE YOUR LAST REPORT? _____

IF YES, EXPLAIN _____

HAVE YOU PAID YOUR BOND FEE??? _____ (IF NOT, CALL THE PRETRIAL SERVICES OFFICE. FAILURE TO PAY YOUR BOND FEE COULD RESULT IN A WARRANT BEING ISSUED FOR YOUR ARREST!!!)

WHEN IS YOUR NEXT SCHEDULED COURT APPEARANCE??? _____

I ACKNOWLEDGE AND CERTIFY THAT THE ANSWERS ABOVE ARE TRUE AND CORRECT.

YOUR SIGNATURE _____ DATE OF BIRTH _____

TODAY'S DATE _____ SOCIAL SECURITY NUMBER _____ - _____ - _____

FOR OFFICE USE ONLY

ALL FEES PAID _____ DATE OF NEXT COURT APPEARANCE _____

DATE AND RESULT OF LAST DRUG SCREEN (if applicable) _____

OFFICER SIGNATURE _____ DATE POSTED _____

REMEMBER: IF YOU REPORT BY MAIL, THIS FORM IS DUE IN THE PRETRIAL SERVICES OFFICE BY THE 15TH OF EACH MONTH. YOU MUST CONTINUE TO REPORT UNTIL YOUR CASE IS DISPOSED. FAILURE TO REPORT COULD RESULT IN A WARRANT BEING ISSUED FOR YOUR ARREST.