



Carson City Department of

**Marlina Stone**  
Chief

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## FORMAL PROBATION REPORTING FORM

NAME (Print Name Clearly): \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

(City)

(State)

(Zip Code)

Phone: \_\_\_\_\_  
(Cell) (Home / Message)

E-Mail: \_\_\_\_\_

Interlock Device required? Yes ☐ No ☐ / If yes, Provider: \_\_\_\_\_

Are you taking any prescription medications? Yes ☐ No ☐

If yes, have the medications been approved by this office? Yes ☐ No ☐

Do you have any firearms in your residence? Yes ☐ No ☐

If yes, what and where are they stored: \_\_\_\_\_

Are you currently under Supervision of any other Jurisdiction? Yes ☐ No ☐

If yes, where: \_\_\_\_\_

Have you had any contact with Law Enforcement in the past 30 days? Yes ☐ No ☐

If yes, explain: \_\_\_\_\_

Have you been under supervision with Carson D.A.S. prior to this case? Yes ☐ No ☐

Have you been on Suspended Sentence or Court Monitored Supervision with Carson D.A.S. prior to this case? Yes ☐ No ☐

Have you ever been under supervision of any other Jurisdiction? Yes ☐ No ☐

Are you EMPLOYED? Yes ☐ No ☐

If yes, where: \_\_\_\_\_

If yes, what days/times: \_\_\_\_\_

Do you have a High School Diploma, G.E.D or an H.I.S.E.T? Yes ☐ No ☐

Are you currently in the Military and/or a Military Veteran? Yes ☐ No ☐

I authorize the release and exchange of information between the Carson City (Justice, Municipal and District Court), Carson City Department of Alternative Sentencing and any counseling/educational programs, social service agencies and/or health care providers. I understand the terms and conditions of my suspended sentence. I also understand if I do not fulfill all the requirements of my suspended sentence, I will be arrested and my suspended sentence may be revoked (NRS 211A.125). All information provided is true and correct.

Probationer Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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D.A.S. Staff Use Only (Do not write below this line)

Amount Paid \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_ Next Payment: \_\_\_\_\_

Date form received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date probation expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

Late Conditions: \_\_\_\_\_

D.A.S. Specialist: \_\_\_\_\_