



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: _____

Yes No

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: ____/____/____

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: _____