

# IPS PROBATIONER SCHEDULE

Address: _____
Cell: _____

I, \_\_\_\_\_, understand that while being supervised on Intensive Probation, that my whereabouts/activities must be approved and known by my Intensive Probation Supervision Team \_\_\_\_\_. I realize that if I am at a location other than my residence/treatment program or employment/community service that has not been approved by the team, I am in violation of my probation.

The following schedule is submitted for approval. I realize that is my responsibility to immediately inform my Probation/Surveillance Officer of any time changes.

Probationer's Signature: \_\_\_\_\_

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

Probation/Surveillance Officer Signature: \_\_\_\_\_

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

LOCATION	MON	TUES	WED	THUR	FRID	SAT	SUN
Work: _____ Address: _____ Phone: _____ Supervisor: _____							
Com Svc: _____ Address: _____ Phone: _____ Supervisor: _____							
School: _____ Address: _____ Phone: _____ Teacher: _____							
Treatment: _____ Address: _____ Phone: _____ Counselor: _____							
Other: _____ Address: _____ Phone: _____							