



Twentieth Judicial Circuit of Florida
 ADMINISTRATIVE OFFICE OF THE COURTS
 HENDRY COUNTY PRETRIAL SERVICES
 25 E. HICKPOCHEE AVE. LABELLE, FLORIDA, 33935

PRETRIAL REPORTING FORM

Assigned Officer		Today's Date:
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PLEASE: Answer all questions and print clearly and neatly.

Name:		Date of Birth:	
Physical address:		City/State: Zip	
Mailing address:		City/State: Zip	
Home Phone:	Cell Phone #:	Have you moved? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Place of Birth?			
Employer:		Your Email :	
Supervisor's Name:		Work phone:	
List the name, address and phone number of one person who will know your whereabouts. Provide their name and telephone number.	NAME: PHONE:		
Have you been arrested/cited or had contact with law enforcement officials since your last report? If yes, please explain.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there any reason you cannot comply with court orders? If yes, please explain.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you had contact with the victim or minors?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, explain:	
Do you have any problems or requests you would like to discuss with your PO? <input type="checkbox"/> Yes <input type="checkbox"/> No			

I have read this report and swear that the statements in it are true. I realize that giving false or misleading information shall constitute a violation of my pretrial, and a petition to revoke my bond may be filed.

Signed: _____

Dated: _____

Assigned Officer's Notes:
Drug/Alcohol Screen Conducted <input type="checkbox"/> Yes <input type="checkbox"/> NO Results: _____
Next Court Date: _____