



**City and County of San Francisco  
Juvenile Probation Department**

**PROGRESS REPORT**

**NAME:** **AGE:** **DOB:** **JW#**  
**PFN:**

**MINOR'S ADDRESS:**

**MOTHER'S NAME/ADDRESS:**  
**FATHER'S NAME /ADDRESS:**  
**GUARDIAN'S NAME/ADDRESS:**  
**ATTORNEY OF RECORD:**

**REPORT FOR CALENDAR:**

**DEPT.#:**

**1. PROGRESS AT HOME:**

**2. PROGRESS IN SCHOOL:**

**3. SPECIAL RULES OF PROBATION:**

Community Service - Hours ordered By: Hours completed:

Restitution and/or Fine - Amount ordered: By: Amount paid:

Other - i.e., Summer Program, Drug Counseling, Therapy, etc. (Please comment)

**4. NEW LAW VIOLATIONS:**

Offense: Disposition:

**5. PROGNOSIS AND COMMENTS:**

**RECOMMENDATION:**

Continue to \_\_\_\_\_ for further progress report.

**WILLIAM P. SIFFERMANN  
CHIEF PROBATION OFFICER**

By:

Deputy Probation Officer

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

**APPROVED:** \_\_\_\_\_

Supervising Probation Officer

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