

**TEXAS CRIME STOPPERS COUNCIL  
PROBATION FEE AND REPAYMENT REPORT  
ATTACHMENT B: PROGRAM DESCRIPTION**

**DUE JANUARY 31, 2012.**

**PROGRAM NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY/ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **HOTLINE:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**PROGRAM EMAIL:** \_\_\_\_\_

**PROGRAM WEBSITE:** \_\_\_\_\_

**DID THIS PROGRAM CHANGE NAMES IN THE PAST YEAR?**

**IF YES, NAME OF PREVIOUS PROGRAM:** \_\_\_\_\_

**DID THIS PROGRAM MERGE WITH ANY OTHER CRIME STOPPERS PROGRAM IN THE PAST YEAR?**

**IF YES, NAME(S) OF CRIME STOPPER PROGRAMS MERGED:**

**WERE ANY FUNDS ACQUIRED FROM A MERGER? YES / NO**

**(IF YES, PLEASE STATE AMOUNT: \$** \_\_\_\_\_ **)**

**DATE OF MOST RECENT PROGRAM CERTIFICATION** \_\_\_\_\_

**LIST OF COUNTIES/CITIES PROGRAM COVERS:** \_\_\_\_\_

**DATA ON ALL COURTS THAT PROVIDE FUNDS TO THE CRIME STOPPERS PROGRAM (LIST ALL):**

NAME OF COURT (S)	ADDRESS
_____	_____
_____	_____
_____	_____

**NAME OF AGENCY THAT SENDS RESTRICTED FUNDS CHECK TO YOUR PROGRAM?**

**(COMMUNITY SUPERVISION, CORRECTION DEPT., OR DISTRICT CLERK, ETC.)**

NAME OF AGENCY (S)	ADDRESS
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Name & Signature of Chair

\_\_\_\_\_  
Name & Signature of Financial Officer

Attach this form to the PFRR and mail to:

**Texas Crime Stoppers  
Office of the Governor  
PO Box 12428  
Austin, Texas 78711**