|  |  |  |
| --- | --- | --- |
|  | **District Court**  **for the County of Oakland**  **FIFTY SECOND DISTRICT-4TH DIVISION**  **PROBATION DEPARTMENT**  **520 W. BIG BEAVER RD**  **TROY, MI 48084**  **(248)528-1790 FAX (248)524-6454**  <http://www.oakgov.com/courts>  **email: 524probation@oakgov.com** | **KIRSTEN NIELSEN HARTIG**  **MAUREEN M. MCGINNIS**  **DISTRICT JUDGES**  **JENNIFER PHILLIPS**  **COURT ADMINISTRATOR**  **PLEASE CHECK YOUR OFFICERS NAME**  **PATTI BATES**  **NICHOLE CRANDALL**  **SARAH HARMON**  **ERIKA SAYLOR**  **SIDORELA ARAPI**  **ERICA MUNOZ**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

# MONTHLY REPORT OF PROBATION

Today’s date: Month\_\_\_\_\_\_\_\_\_ Day\_\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_\_\_\_

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_

**Is this a new address?** **\_\_\_ Yes \_\_\_ No**

Home Phone Number (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With whom do you live? \_\_ Spouse/Significant other \_\_ Friend \_\_ Alone \_\_ Relative

If you are a student, name of school?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you attend full time or part-time?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employed 40 hours or more per week\_\_\_ 20 hours per week or less\_\_\_\_\_

Name of employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number:\_\_\_\_\_\_\_\_\_\_\_ Full time\_\_\_\_\_\_\_ Part-time \_\_\_\_\_\_\_\_\_\_\_

**Change in financial situation? \_\_\_ Yes \_\_\_ No** ![Qr code

Description automatically generated]()**Link to 52/4 payment page**

List all current prescribed medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If a change in medication, why?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## HAVE YOU HAD ANY CONTACT WITH LAW ENFORCEMENT SINCE YOU LAST REPORTED? \_\_ Yes \_\_ No

If yes, (1) Date of arrest/ticket/contact?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) Reason/Charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(3) Write a paragraph of your version of what happened on this NEW ARREST/TICKET on the back of this form.

**Are you having any problems you wish to discuss? \_\_\_ Yes \_\_\_ No**

I have provided all the information requested above. My answers to the questions are true and accurate to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date