

STATE OF MICHIGAN, 62-B DISTRICT CT.
4900 Breton Ave., P.O. Box 8848, Kentwood, Michigan 49518-8848

INSTRUCTIONS: Please answer each item completely on this report and sign your name.

NAME : _____ TELEPHONE : _____

ADDRESS : _____
(Street) (APT #) (City) (State) (Zip Code)

HOME SHARED WITH: _____
YOUR PROBATION OFFICER IS: _____

- YES NO
- ___ 1. Do you still owe any court fines, fees or restitution?
AMOUNT PAID TODAY : _____ AMOUNT STILL DUE: _____
 - ___ 2. Is this a new address since your last report?
 - ___ 3. Are you in school or any training program?
PLACE : _____ GRADE : _____
 - ___ 4. Are you employed? Place _____ Supervisor : _____
Hours : _____ Hourly rate: _____ Weekly earnings : _____
 - ___ 5. Have you missed any school or work since your last report?
If yes, why? _____
 - ___ 6. Do you have any other source of income? (ADC, welfare, Social Security,
unemployment benefits, second job, insurance benefits, etc.)
SOURCE : _____ AMOUNT : _____
 - ___ 7. Are you receiving professional service for any physical problem(s)?
Doctor/Chiropractor: _____ Current Medication(s) : _____
 - ___ 8. Are you seeking any counseling or psychiatric treatment at this time?
Counselor: _____ Agency: _____
Last appointment: _____ Next appointment: _____
Medication(s) : _____
 - ___ 9. Are any of your bills past due? If so, please list them.

 - ___ 10. Were you arrested since last reporting? If yes, please answer the following:
Did you plead guilty? _____ or not guilty? _____
City of: _____ Offense : _____
Disposition : _____
Jail : _____ Probation Period: _____
 - ___ 11. Have you received any traffic tickets since your last report?
If yes, for what offense? _____ in what city: _____
Fines and costs: _____ Fines and costs due by: _____
 - ___ 12. Do you drive a motor vehicle: If yes, Make: _____ Year: _____
Plate number: _____ Driver's license number: _____

MARITAL STATUS : MARRIED SINGLE SEPARATED DIVORCED WIDOWED

EXPLAIN BELOW ANY ARRESTS SINCE YOUR LAST REPORT. INDICATE ANY PROBLEM(S) YOU MAY HAVE OR ANY COMMENTS YOU WISH TO MAKE, ESPECIALLY CONCERNING THE CONDITIONS OF YOUR PROBATION:

(Note: Use back of sheet if more space is needed.)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE SIGNED: _____

This report received by: _____
Next appointment is on: _____

