



State Of Michigan
District Court
48th Judicial District

DISTRICT JUDGES
HON. KIMBERLY SMALL
HON. DIANE D'AGOSTINI
HON. MARC BARRON

4280 TELEGRAPH RD.
BLOOMFIELD HILLS, MI 48302-3200

COURT ADMINISTRATOR
JAMES P. HARKINS, JR
PHONE (248) 647-1141
FAX (248) 647-8955

PROBATION MONTHLY REPORT

FULL NAME: _____ **Date of birth:** _____

ADDRESS: _____ Apt. _____ City _____ State _____ ZIP _____

Is this a new address? Yes No Home Phone Number: _____ Cell: _____

Do you live? Parents Wife Husband Alone Relative Other _____

ARE YOU A STUDENT? Yes No School Name: _____ City: _____ State: _____

ARE YOU EMPLOYED? Yes No Business Name: _____ Is this a new job? Yes No

Address of business: _____ City: _____ State: _____ Zip: _____

Hours working: Full-Time Part-Time Starting: _____ Ending Time: _____ Job title: _____

ARE YOU ATTENDING SUBSTANCE ABUSE PROGRAMS AS DIRECTED BY THE COURT? Yes No If yes, please indicate which program and attach proof of attendance: AA/NA Meeting Treatment/Counseling How often do you attend? _____ Where? _____ (attach proof of attendance)

ARE YOU ATTENDING TRAINING PROGRAMS AS DIRECTED BY THE COURT? Yes No If yes, please indicate which program and attach proof of attendance: MIP SOAP-NEAT EIP VIP AAP SC Other _____ If no, please explain? _____

ARE YOU IN COMPLIANCE WITH DRUG/ALCOHOL TESTING? Yes No If yes, how often are you testing? _____ Where are you tested? _____ If no, please explain _____

ARE YOU WORKING COMMUNITY SERVICE? Yes No If yes, how many hours? _____ How many hours ordered? _____ How many hours remaining? _____ If no, please explain _____

HAVE YOU BEEN ARRESTED / TICKETED SINCE YOUR LAST REPORT? Yes No If yes, date? _____ What was the Charge? _____ City/Police Dept.? _____ Explain why you were arrested/ticketed (use back for more space) _____

DID YOU MAKE/ENCLOSE A PAYMENT? Yes No Amt paid \$ _____ If no, date payment will be made? _____ Is there other information the court should be aware of? Yes No If yes, explain on the back of this form.

Please sign below stating that all of the answers on this form are true to the best of your knowledge. Please mail to the above address (please include payment) or fax to (248) 647-4357. Payments may be made by calling 1-888-604-7888. You will be asked for Code 2653 and your case number.

SIGNATURE

DATE

