



52-3 District Court Probation Dept

PROBATION DEPARTMENT
(248) 853-5553 FAX (248) 299-7891

700 Barclay Circle
Rochester Hills, MI 48307

LYNDA A. HAMMERSTEIN
COURT ADMINISTRATOR

HONORABLE JULIE A. NICHOLSON
HONORABLE NANCY TOLWIN CARNIAK
HONORABLE LISA L. ASADOORIAN
DISTRICT JUDGES

- ELIZABETH ARBUS, BS, FAODP, SPEX, ICRC
 - DeANNE N. BUKARI, MA, LMSW, LPC, CAAC
 - BETH A. CRISTOBAL, MSW, CAAC, CCJP
 - BETH GOLDSWORTHY, BA, LBSW, CAC-M
 - SHELLY McLEOD, BA
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 - SHERI ZELEK, BA, CAC-M
 - CATHERINE ZOSS, MA, LPC, CAAC
- PROBATION OFFICERS
www.oakgov.com/courts

MONTHLY REPORT OF PROBATIONER

Case Number: _____ - _____

Today's date: Month _____ Day _____ Year _____

Full name: _____

FIRST

MIDDLE

LAST

Type of vehicle owned: _____ Year _____ Make _____ Color _____ Plate # _____

Address: _____ Apt. _____ City _____ State _____ Zip _____

Is this a new address? Yes No Home Phone Number (_____) _____

With whom do you live? Parents Wife Husband Friend Alone Relative Other _____
(If living with a Friend, Relative or Other, give name: _____)

Are you a student? Yes No School name: _____ City _____ State _____

Do you work? Yes No Name of business _____ Phone #: _____

Address of business: _____ City _____ State _____ Zip _____

Hours working: Starting/Ending Time _____ Full-Time Part-Time

Job classification, title or what kind of work you do: _____

Work days lost since last report: _____ Why? _____

How much do you earn? Hour \$ _____ Week \$ _____ Month \$ _____ Year \$ _____

Do you receive assistance? Yes No How much? ADC \$ _____ Soc. Sec. \$ _____

Unemployment \$ _____ Sub-Pay \$ _____ VA \$ _____ Other (List) _____

HAVE YOU BEEN ARRESTED OR TICKETED SINCE YOUR LAST REPORT? Yes No

If yes, (1) What was the date or month of arrest/ticket? _____ (2) What was the charge? _____

(3) What city? _____ (4) What police dept.? _____

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

Are you having any other problems you wish to discuss? Yes No If yes, _____

Are you complying with all special conditions? Yes No If no, _____

COMMENTS:

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)

Make Payments Payable To: 52-3 District Court