



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
www.oaklandcourts.com

WILLIAM E. BOLLE
DENNIS C. DRURY
KIRSTEN NIELSEN HARTIG
DISTRICT JUDGES

B. JILL PALULIAN
COURT ADMINISTRATOR

PLEASE CHECK YOUR OFFICERS NAME

- PATTI BATES
- NICHOLE CRANDALL
- SARAH HARMON
- KRISTEN KIPP
- _____

MONTHLY REPORT OF PROBATION

Case # _____

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? ___ Parents ___ Wife ___ Husband ___ Friend

___ Alone ___ Relative ___ Other ___

Are you a student? ___ Yes ___ No School name _____

City _____ State _____ Full time _____ Part-Time _____

Do you work? ___ Yes ___ No Name of business _____

Phone Number of business: _____ Full time _____ Part-time _____

Please list current prescribed medications: _____

HAVE YOU HAD ANY CONTACT WITH LAW ENFORCEMENT SINCE YOU LAST REPORTED? ___ 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 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