



District Court - 52nd Judicial District

2ND DIVISION
5850 LORAC STREET
CLARKSTON, MICHIGAN 48346
<https://www.oakgov.com/dc52div2>

COUNTY OF OAKLAND

HONORABLE JOSEPH G. FABRIZIO
HONORABLE KELLEY KOSTIN
DISTRICT JUDGES

CAROL BOND, B.S., CCJP
CASSEY SUTTON, B.A., CCJP
NADIA MLINEK, M.S.C.J.
YOLANDA SCHEETT, B.S.W.
STACY STEINHEBEL M.P.A.

BRETT DERY - COURT ADMINISTRATOR
PROBATION DEPARTMENT: (248) 625-5957 EXT 254
FAX: (248) 620-6057

MONTHLY REPORT OF PROBATIONER Probation Officer: _____

Today's Date: Month _____ Day _____ Year _____ Email address: _____

Full Name: _____ Primary Phone: _____

Address: _____ Apt: _____ City: _____ State/Zip: _____

IF THIS IS A NEW ADDRESS, NOTIFY YOUR PROBATION OFFICER

Did **YOU** drive to this appointment? Yes No If yes: Car Year: _____ Car Make: _____

With whom do you live? Parents Spouse Partner 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 _____

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: _____

Workdays lost since last report: _____ Why? _____

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

Do you receive assistance? Yes No How much? ADC \$ _____ Social Security \$ _____

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

What is owed on? Court Fines & Costs \$ _____ Probation Oversight Expenses \$ _____ Restitution \$ _____

Have you had any Police contact since your last report? Yes No

If yes: Did the police contact result in an **ARREST OR TICKET**? Yes No

If yes: What was the date/month of arrest/ticket? _____ What was the charge? _____

What city? _____ What police dept.? _____

Write a **paragraph** of your version of what happened on this NEW ARREST/TICKET on a separate form and attach with this document.

Are you having any other problems you wish to discuss? Yes No If yes, elaborate in the comments section below

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

PLEASE RETURN FORM TO: 522probation@oakgov.com