

97th DISTRICT COURT PROBATION REPORT

MONTHLY REPORT OF PROBATIONER

Name _____ Phone Number _____

Address _____ Work Phone _____

City, State _____ Zip Code _____

____ Married ____ Single ____ Divorced

Employer _____ Address _____

Does your employer know that you are on probation? _____

Employment hours _____ How much time have you lost from work/school since your last report and why? _____

Do you receive ____ Welfare ____ Social Security ____ Pension ____ Unemployment

Amount per month _____ Case worker's name _____

Do you receive services from any of the agencies list below? Please check those that apply.

____ Public Health Department _____ Other Probation Departments
____ Alcoholics Anonymous _____ Other-Describe _____

Have you been arrested since your last report? _____ If yes, for what? _____

Amount you have paid to date towards your Court bill _____

If you have any special problems or wish to make any comments, please do so below:

The above information is true and accurate to the best of my knowledge.

Date

Signature of Probationer

Date

Initials of Probation Officer

Mail to : 97th District Court, 5095 Fourth Street, Eagle River MI 49950

