

39th District Court Probation Department

29733 Gratiot Avenue Roseville, MI 48066

Phone #(586) 447-4425 FAX (586) 447-4433

www.roseville-mi.gov

Monthly Report Form

Fill out form completely - please print clearly

Full Name: _____

Address: _____ Apt _____ City _____ Zip _____

Is this a new address? Yes _____ No _____ Phone # _____

Email _____

With whom do you live? Name _____ Relationship: _____

Are you a student? Yes _____ No _____ Name of school _____

List all medications you are taking: _____

Name of Employer: _____ Salary/hourly \$ _____

Full Time – Yes _____ No _____ Part Time – Yes _____ No _____ Hrs/week _____

Do you receive assistance? Yes _____ No _____ If yes, amount \$ _____

Have you had police contact, been arrested or ticketed since your last report? Yes _____ No _____

If yes, (1) what was the date of the arrest/ticket? _____

(2) Charge? _____ (3) Police department? _____

(4) Write a brief explanation of your version of what happened on this new arrest/ticket on the back of this form.

Have you missed any counseling dates since your last report date? YES/NO

If yes, when and why? _____

Have you missed any random alcohol/drug tests since your last report? YES/NO

If yes, when and why? _____

If you are a PROBATIONER WITH A “NO-CONTACT” ORDER: Have you had any contact with the complainant since your last report: YES/NO If yes, explain: _____

How much are you paying today on your case? _____

ALL OF THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE. I understand deliberate falsification or omission constitutes a violation of my probation.

Defendant’s Signature

Date