

# 55TH DISTRICT COURT PROBATION REPORT FORM

700 Buhl Street  
Mason, MI 48854

Name		Primary Phone Number		Email Address
		Secondary Phone Number		
Address (Street Name) (City) (Zip Code)				
List anyone else living at this address (Name/Relationship)				
Is this a new address? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Employer's Name		Employer's Address (Street Name) (City) (Zip Code)		
Hourly Wage	Hours Per Week	If you are unemployed, what is your income source?		
When did you last use alcohol? Date: _____ List amount and type of alcohol used:		When did you last use a controlled substance, excluding valid prescription? Date: _____ List type of controlled substance used:		Have you been prescribed any new medications since your last report? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please list the medications and prescribing physician:
If attending counseling, where are you attending counseling?		When did you last attend counseling?		If attending AA, what is your sponsor's name and phone number?
Do you have a valid driver's license? <input type="checkbox"/> No <input type="checkbox"/> Yes		Do you drive a motor vehicle? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please note the make/model/license plate #:		
Amount paid to the court today:		New balance owed:		When will you make your next payment?
Have there been any changes in your life since your last report date that may affect your probation? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Have you had police contact since your last report date? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes: Name of Agency: _____ Date of contact: _____ Describe Contact:				

By signing below, I acknowledge that I have read this form and have provided an accurate and truthful report. I understand that failing to make a truthful report may result in the initiation of probation violation proceedings.

\_\_\_\_\_  
Signature of Probationer

\_\_\_\_\_  
Date