

King County District Court
Probation Services Division

Probation Officer: _____ Date: _____

MONTHLY REPORT FORM

This report shall not be considered as fulfillment of your reporting requirement **unless completed in full.**

Name: _____ Home Phone _____

Address: _____ New Address: Yes ___ No ___

_____ Living with? _____
Apt. # City Zip

Present Occupation: _____ Work Hours _____

Employer _____ Work Phone _____

Have you been arrested, cited, jailed or appeared in court since your last report?

No ___ Yes ___ Date _____ Location _____

Charge(s) _____ Citation # _____

Disposition

When you were placed on probation, the sentencing judge ordered to complete certain conditions. Please indicate what you are doing.

- | | | |
|-------------------------------------|----------------|------------------|
| 1. Attending Alcohol/Drug Program | Yes ___ No ___ | Give Dates _____ |
| 2. Taking Antabuse/Methadone | Yes ___ No ___ | Where _____ |
| 3. Attending Therapy | Yes ___ No ___ | Give Dates _____ |
| 4. Paying Fine | Yes ___ No ___ | Balance _____ |
| 5. School or Training Program | Yes ___ No ___ | Name _____ |
| 6. Seeking Employment | Yes ___ No ___ | Where _____ |
| 7. Community Service Restitution | Yes ___ No ___ | Where _____ |
| Hours Worked _____ | | Days _____ |
| 8. Paying Restitution | Yes ___ No ___ | Amount _____ |
| 9. Probation Fees (if ordered) | Yes ___ No ___ | Amount _____ |
| 10. Any alcohol/drug use? | Yes ___ No ___ | |
| 11. Valid Driver's License | Yes ___ No ___ | |
| 12. Liability Insurance | Yes ___ No ___ | |
| 13. Driving | Yes ___ No ___ | |
| 14. Antabuse and/or AA Log Attached | Yes ___ No ___ | |

Would you like to see your probation officer? Yes ___ No ___

If more forms are needed, please stop by a probation office, make your own copies or download a copy from our web site at www.metrokc.gov/kcdc/forms.htm.

The preceding statements are true and were answered to the best of my knowledge.

Signature