*Make checks and money orders payable to:*

**35th District Court**

Address to send probation reports to:

35th District Court Probation Department
660 Pymouth Road
Plymouth, MI 48170-1891

**PROBATION OFFICERS**

Susan Secorski — Jennifer Thal
Jim Hand — Sandy Grattan

# MONTHLY REPORT

***(All probationers must report between the 1st and 15th of every month unless directed otherwise.)***

**PLEASE PRINT CLEARLY.**

**COMPLETE ALL QUESTIONS.** **IF QUESTION DOES NOT APPLY TO YOU STATE "N/A".**

Date of this report: _____ Probation Officers Name: _____

Your Name: _____ Telephone & area code: (_____) _____

Or Telephone number & area code where you can be reached: (_____) _____

Your current address: _____
Number and Street City State Zip Code

Mailing address (if different from residence): _____

Did you move this month? _____ Why? _____

Are you working: _____ Where: _____

Have you changed or lost your job this month? _____ Explain: _____

_____

Have you received a new ticket / arrest / charge? ☐ yes or ☐ no

If yes, explain: _____

If ordered by the court, did you attend the substance abuse program / personal counseling, or

AA Meeting as directed? ☐ yes or ☐ no

Do you have any travel plans? (instate or out of state) ☐ yes or ☐ no If yes give dates; _____

If ordered by the Court, did you complete the Community Service or Work Detail Program

as directed? _____ Date completed: _____

Amount of payment made today? $ _____

When will you make a payment? _____

**NOTE: PARTIAL PAYMENT WILL BE ACCEPTED IF YOU DO NOT HAVE THE FULL AMOUNT.**
**ALL OF THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**



SIGNED: _____