



State of Michigan
Eighty-Second Judicial District Court
Roscommon County
Probation Department

MONTHLY REPORT TO PROBATION

Please **mail, email or fax** this form by the **14th** of each month to the address on bottom of page addressed to: 82nd
District Court-Probation Department **or Email:** probation82@roscommoncounty.net **or Fax:** (989)275-6033

Today's date: _____

Full Name: _____

Physical Address: _____ **Apt** _____

City _____ State _____ Zip _____ Is this a new address? Yes No

Mailing Address (if different from above): _____

City _____ State _____ Zip _____ Is this a new address? Yes No

Cell # (____) _____ **Email Address:** _____

Who do you live with? _____

Are you a student? Yes No **If yes, where?** _____ FT PT

Do you work? Yes No **If yes, where?** _____ FT PT

If not working, Unemployed, receiving benefits Unemployed no benefits Disabled

Current medications: _____

Have you used drugs or alcohol since your last report? Yes No **If yes what?** _____

Are you attending any Court ordered programs? _____

Next meeting/appointment: _____

Have you had police contact since your last report to probation? Yes No **If yes, explain on back**

Have you included a payment? Yes No **Amount enclosed: \$** _____

(*If you would like a copy of your receipt, include a self-addressed stamped envelope with your payment)

Do you need the probation officer to contact you? Yes No

Under penalty of perjury, I do solemnly swear that the above statements are true.

Date

Signature