

STATE OF MICHIGAN
88TH DISTRICT COURT PROBATION REPORTING FORM
719 W. CHISHOLM ST.
ALPENA MICHIGAN 49707
TX 989 354 9678

Please answer truthfully each item on this report, sign, date and return to the 88th District Court for each month of your probation. This report should include confirmation of your participation in AA/NA and/or outpatient therapy.

MY PROBATION OFFICER IS:

 Sue Latuszek, b.s.

 Tim Marquardt, b.s.

Name: _____ DATE _____

Address: _____

City: _____

Telephone: _____

Employer: _____

I am actively attending AA/NA meetings _____

Outpatient therapy _____ Completed _____

Reality Impact Weekend _____ Completed _____

Domestic Violence Therapy _____ Completed _____

Victim Impact Panel _____ Completed _____

Prime for Life _____ Completed _____

Shoplifters Alternative _____ Completed _____

Alcohol or Drug testing _____

I have not used alcohol or drugs since last reporting. _____

I have not had contact with law enforcement since last reporting. _____

I have not been charged or arrested since last reporting. _____

If arrested, I was charged with _____

Questions: _____

Reporting schedule by last name. 9:00 AM to NOON...1:00 PM to 4:00 PM

A-G 1ST Thursday of the month

H-M 2ND Thursday of the month

N-S 3RD Thursday of the month

T-Z 4TH Thursday of the month

SIGNATURE: _____