

STATE OF MICHIGAN  
88<sup>TH</sup> 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 88<sup>th</sup> 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 1<sup>ST</sup> Thursday of the month

H-M 2<sup>nd</sup> Thursday of the month

N-S 3<sup>rd</sup> Thursday of the month

T-Z 4<sup>th</sup> Thursday of the month

SIGNATURE: \_\_\_\_\_