

81st District Court
P.O. Box 625
Mio, MI 48647
989-826-1106 Fax 989-826-1188

SHANNON WICKHAM
PROBATION OFFICER

DIRECTIONS: You must submit a report each month while you are on probation. Each item must be answered truthfully. If an item does not apply to your circumstances, please put "not applicable". In addition a monthly oversight fee must be paid each month, unless arrangements have been made with the probation department, you are in jail, or you are enrolled at an inpatient treatment center. You may submit your report and payments in person or by mailing to the above address. Please direct all questions and concerns to the Probation department.

Name: _____ Case No. _____
Address: _____
City: _____ State: _____ Zip Code: _____
Mailing Address (only if different than above): _____
Telephone or Contact No. _____ Is this a new address? _____

Name & relationship(s) or person(s) also living at this address: _____

Employer Name: _____ Type of work: _____
Employer address: _____
Work Schedule: _____ hours per day: _____ days per week _____
Earnings since last report \$ _____ other income _____

If unemployed explain why and efforts you have made in securing employment: _____

Any medical problems since your last report? _____

If you have been ordered to undergo counseling or AA, provide dates of appointments and attach report from counselor and AA sign in sheets: _____

If you have been allowed to make payments to the Court for fines and costs, restitution, attorney fees or probation oversight fees indicate amount submitted with this report \$ _____ Are you behind on any payments? _____

Have you had any contact with any law enforcement official or Court since your last report? If so, indicate when, what agency and nature of contact: _____

IF ANY ADDITIONAL ROOM IS NEEDED TO ANSWER ANY OF THE ABOVE USE REVERSE SIDE

DATE

SIGNATURE