GROSSE POINTE WOODS MUNICIPAL COURT PROBATION REPORT FORM

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Nan	ne:	-	Scheduled Report Date:	
Cur	rent Maili	ing Address:		
		Address Apartment #	City State	
			Number: ()	
E-m	ail addres	ss:		(Must check regularly)
Hon	ne shared	d with:		
Circ	le Y or N	then answer the following questions:		
Υ	N	1. Is this a new address since your last report?		
Υ	N	2. Have you made a payment this month? *failure to pay on	time may result in late fees, license suspension, tax	garnishment, wage garnishment
		If no, why?	olation of probation.	
Υ	N	3. Are you in school or any training program?		
		Where:	Grade:	
Υ	N	4. Are you employed?		
		a. Where:		
		b. Full-time or Part-time:	Shift:	
		c. What are your earnings? Hourly: \$		
Y	N	5. Do you have any other source of income?		
		(Food Assistance, Disability, Welfare, Social Securit	y, Unemployment Benefits, S	iide Jobs, etc.)
		What is the source:	Amount:	
Y	N	6. Are you in any counseling at this time or taking a countries of the cou		
		Who is your counselor?	Agency:	
		When was your last appointment?	Next appointment	?
Υ	N	7. Have you consumed any alcohol since your <u>last</u> rep		
Υ	N	8. Have you used any drugs/Marijuana since your las	t report? When: \	Why:
Υ	N	9. Do you have a <u>valid</u> Medical Marijuana Card?		
Υ	N	10. Are you currently taking any medications?		
		If yes, what medications?		
Y	N	11. Have you had <u>any contact</u> with law enforcement since your last report? Explain:		
Y	N	12. Have you pleaded GUILTY to any new charges since your last report? Explain:		
Y	N	13. Have you had <u>any</u> contact with the victim or complaining witness since your last report? (if applicab		
		When:Explain:		
Υ	N	14. Is your driver's license valid? If not, Explain:		
Y	N	15. Are you currently on probation/parole anywhere		
-		If yes, which court and probation officer's info:		
		16. Indicate any <u>status updates</u> , problem(s), commer		
		10. Indicate any <u>status apartes</u> , problem(5), commer	its or concerns.	

for violation of probation.

Today's Date: _____ Signature: ____