COWLITZ COUNT' ,RRECTIONS DEPARTMENT
PROBATION DEPARTMENT
312 SW First Ave., Kelso, WA 98626
Phone (360) 577-3077 • *FAX (360) 414-8835*

Case Type: _____ PO: _____

PROBATION MONTHLY REPORT
(VALID ONLY FOR THE MONTH IN WHICH IT IS RECEIVED)

Name _____ Date of Birth ___/___/___
First Middle Last

Mailing Address _____ City _____ State ____ Zip _____

Physical Address _____ City _____ State ____ Zip _____

Home Phone _____ Marital Status _____ Live with? _____
(Give proper name, not "friend", etc.)

Employer/School _____ Address _____

Work Phone _____ Occupation _____ Monthly Income? $ _____

Have you had any contacts with law enforcement? _____ If yes, explain: _____

_____

**Amount paid this month on <u>Probation fees</u> $**_____ If "$ 0" explain: _____

_____

Status of driver's license _____
(Ignition Interlock, Suspended, Revoked, Valid)

I am participating in: <u>Circle One</u>

AA meetings Yes No Last appointment _____

Alcohol counseling Yes No Next appointment _____

_____ Counseling (type)

Treatment Agency Name _____ Counselor's Name _____

Are you compliant with your treatment requirements? _____ If not, explain: _____

_____

Problems I've encountered this month _____

_____

_____

I ACKNOWLEDGE THE ABOVE IS TRUE _____
Signature **Date**

Probation office use only: _____

Report brought in by: _____ **Relationship:** _____ **Report reviewed by:** _____ **(PO initial)**

Mailing address: Cowlitz County Probation 312 SW First Avenue, Kelso, Washington 98626

(Hearing Impaired: (360)577-3061)

(12/2010)