

Grant County District Court Probation

P.O Box 37
Ephrata, WA 98823

Monthly Report Form

Reporting month: _____ year _____ probation # _____ Court Case # _____

Your probation period expires _____ or when your treatment is completed whichever is longer.

PROBATIONER: COMPLETE ALL SECTIONS OF THIS FORM. SIGN AND DATE FORM.

1. Name: _____ DOB: _____

Present Physical Address: _____

Mailing address: _____

City and State _____ : Zip code: _____

Home Phone # _____ Cell#: _____

2. Present Employer _____ : Phone #: _____

Are you attending school? (circle) Yes or No Name of School: _____

3. Are you currently in a treatment program? (Please circle) Yes or No

Name of agency: _____ Phone #: _____

Counselor's Name: _____

4. Are you in compliance with treatment? (circle) Yes or No

5. Do you have a valid driver's license? (circle) Yes or No

6. Do you have insurance? (circle) Yes or No

If yes, please submit proof of auto insurance and a photocopy of your driver license. For deferred prosecution this must be submitted every three months during your probation period.

7. Are you required to have the ignition interlock on your vehicle? (circle) Yes or No

Name of IID Company: _____ Phone: _____

8. Have you been arrested and/or received a ticket for any criminal traffic violations since your last report? (circle) Yes or No _____

Signature: _____ Date: _____

Your probation officer is:

{ } Angie Hightower 754-2011 ext 3173 cell number (509) 237-2801

{ } Francisco Quintana 754-2011 ext 3184 cell number (509) 237-2617

{ } Cameron Peters 754-2011 ext 3186 cell number (509) 237-2250

Probation fax number: (509)754-6564