

# 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 #: \_\_\_\_\_

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

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

{ } Kris Cruz 754-2011 ext 3184 cell number (509) 237-2617

Probation fax number: (509)766-5913