

Officer: _____

LAPORTE SUPERIOR COURT NO. 4
PROBATION DEPARTMENT
300 Washington St., Suite 301
Michigan City, IN 46360
(219) 874-6511, ext. 751

Cause: _____

THIS REPORT MUST BE SUBMITTED BY THE 15TH OF EACH MONTH

Today's date: Month _____ Day _____ Year _____

Name _____ Phone Number: () _____

Address: _____
(Number and Street) (City) (State) (Zip Code)

With whom do you live? Parents'' Wife'' Husband'' Friend'' Alone'' Relative'' Other''

(If living with a relative, friend or other, give name: _____)

Have you changed your address since last report? No ___ Yes ___ If Yes, date? _____

Please check all conditions that you were ordered to do:

- Community Service
- Counseling
- Victim Impact Panel
- Restitution
- Ignition Interlock
- Other: _____

Please tell us what the status is of each condition including agency name, address and phone (Use back of form if needed): _____

Employer: _____ Address: _____ Phone: _____

Full-Time'' Part-Time'' How much do you earn? Hour \$ _____ Month \$ _____ Year \$ _____

Do you receive assistance? Yes '' No '' How Much? ADC \$ _____ Soc. Sec. \$ _____

Unemployment \$ _____ VA \$ _____ Other (list): _____

Have you been arrested since your last report? Yes '' No '' If yes, complete questions 1-4

(1) What was the date or month of arrest? _____ (2) What was the charge? _____

(3) What city/state? _____ (4) What police dept.? _____

Do you pay Child Support? No ___ Yes ___ Amount \$ _____ Where: _____
(Give County & State)

Are you having any other problems you wish to discuss? Yes '' No '' If yes, _____

Payments to this office must be made in the form of a cashier's check or money order.

We do not accept personal checks

I hereby acknowledge and certify that I have answered all questions above, and the information is true and correct. I realize that any falsification or misleading statement could result in the issuance of a bench warrant.

(Signature)

(Social Security Number)

(Today's Date)