

**Lakewood Municipal Court**  
 Probation Department – Probation Counselor Jeanette Matthews  
 6000 Main St. SW  
 Lakewood, WA 98499  
 (253) 512-2258

**MONTHLY REPORT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Case #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Street

\_\_\_\_\_ City State Zip Code

Is this a new address? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Living with: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Hours: \_\_\_\_\_

**ANY** arrests, citations, jail, court appearances or law enforcement contact since last report?  
 Yes: \_\_\_\_\_ No: \_\_\_\_\_ (If yes, explain on back giving all details, dates, agencies, etc.)

Are you in compliance with the Court ordered conditions of Probation listed below?

	YES	NO	N/A	Provider:
Alcohol/Drug treatment	_____	_____	_____	_____
Mental Health counseling	_____	_____	_____	_____
Batterer's/Anger Management	_____	_____	_____	_____
Community Service	_____	_____	_____	_____
Court ordered fine	_____	_____	_____	
Have you had any alcohol or drugs?	_____	_____		
Do you have a valid driver's license?	_____	_____		Insurance carrier and policy #
Do you have automobile insurance?	_____	_____		_____

I hereby attest that the above answers are true and correct. I understand that and false or misleading statement will be considered a violation of my probation and will result in Court action.

\_\_\_\_\_  
 Signed (Form must be signed to count as reporting) Date