

MONTHLY REPORT

Island County District Court Probation Services

800 SE 8th Ave. Oak Harbor, WA 98277

T: (360) 675-0777 ext. 2 F: (360) 678-8221 E: icprobation@islandcountywa.gov

**FILL IN ALL AREAS THAT APPLY TO YOU
INCOMPLETE / ILLEGIBLE REPORTS WILL NOT BE ACCEPTED**

Name: _____ Phone: _____

Address: _____ New Address? Yes _____ No _____

City: _____ State: _____ Zip: _____ Case#: _____

Reason for Probation: _____ Email Address: _____

Classes you are attending: _____

Name of Agency: _____ Name of Counselor: _____

READ CAREFULLY

Check the box below that pertains to you. If you are not sure, please ask the clerk.

_____ Deferred Prosecution Yes _____ No _____

_____ Carol Nelson Email: c.nelson@islandcountywa.gov

_____ Wendy Walter Email: w.walter@islandcountywa.gov

List any prescriptions or over the counter medications you are using: _____

Have you had any contact with law enforcement officers or been arrested since your last report. Yes _____ No _____

Explain: _____

Realizing that any false statement I make in this report is grounds for probation violation charges being filed against me in court. I
certify that all information given above is true and complete to the best of my knowledge.

Signature: _____ Date: _____

**MONTHLY REPORTS MUST BE TURNED INTO THE PROBATION DEPARTMENT AT THE END OF
EACH MONTH. ATTACH SUPPORT GROUPS IF REQUIRED.**

Comments: _____

Counseling Record

Counseling appointments

This is to confirm that _____ has attended the following:
(Print Your Name Clearly)

DATE: AGENCY : NAME: PHONE #

COMMENTS:

DATE:

COMMENTS:

DATE:

COMMENTS:

DATE:

COMMENTS:

DATE:

COMMENTS:

MONTHLY COMPLIANCE: Compliant: Non Compliant:

RECOMMENDATIONS:

Signature _____

Counseling records must be turned in with the **MONTHLY REPORTS** no later than the **end** of every Month

Submit to: Island County District Court Probation Services.