

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.