

# WHITMAN COUNTY PROBATION MONTHLY REPORT FORM

For additional forms: [www.whitmancounty.org](http://www.whitmancounty.org)

Please mail to: Whitman County Probation, P.O. BOX 230, COLFAX, WA 99111

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

Mailing address: New  \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address if different \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Message Phone \_\_\_\_\_

Employer \_\_\_\_\_ Employment address \_\_\_\_\_

Is your Jail/Community Service Complete? Yes  No  If no, how many more days/hours? \_\_\_\_\_

What is your License Status? Valid  Suspended  Ignition Interlock? Yes  No

Are you currently involved in treatment? Yes, see below  No  Completed? Yes  No

\_\_\_\_\_ Alcohol/Drug  Mental Health/AMS/DV

If yes, name of Agency, Counselor & Phone \_\_\_\_\_

Any absences this month in classes/treatment Yes  No  If yes, when and why? \_\_\_\_\_

Have you consumed alcohol or uncontrolled substance not prescribed by a doctor in the last 30 days? Yes  No

If yes, explain: \_\_\_\_\_

Have you had any contact with law enforcement in the last 30 days? Yes  No  If yes, explain: \_\_\_\_\_

Are you currently taking medications? Yes  No  If yes, list medications: \_\_\_\_\_

Goals for the month: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**This form must be filled out completely to be valid.**

Phone: 509-397-6265 Fax: 509-397-5594

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