

**20<sup>th</sup> DISTRICT COURT**

THE TWENTIETH JUDICIAL DISTRICT OF MICHIGAN

Mark J. Plawecki  
David T. Turfe  
District Judges

Dearborn Heights  
25637 Michigan Avenue  
Dearborn Heights, MI 48125  
(313) 277-7480

Zenna F. Elhasan  
Probation Director  
Jason Lollar  
Probation Officer  
Bill Deckert  
Work Program Director

**MAIL-IN PROBATION  
(NON-REPORTING)  
Supervision Report**

As part of your sentencing, non-reporting probation was ordered for \_\_\_\_\_ months/year. You are required to complete this form and mail or hand deliver to the Court by the first day of each month.

Name: \_\_\_\_\_ (Probationer) Date of Birth: \_\_\_\_\_

**PART A: RESIDENCE**

Street Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_  
New Address: YES NO If yes, date moved and reason for moving: \_\_\_\_\_  
Persons Living With You: \_\_\_\_\_  
Mailing Address (if different): \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**PART B: EMPLOYMENT**

Name, Address, Phone No. Employer: \_\_\_\_\_  
Name of Immediate Supervisor: \_\_\_\_\_  
Current Position Held: \_\_\_\_\_  
Current Wage/Salary: \_\_\_\_\_ Normal Work Hours: \_\_\_\_\_  
Have you changed jobs in the past 30 days? \_\_\_\_\_ Terminated? \_\_\_\_\_  
If changed jobs or terminated, state when and why: \_\_\_\_\_  
Do you receive government assistance? \_\_\_\_\_ Monthly amount: \_\_\_\_\_

**PART C:  
COMPLIANCE WITH CONDITIONS OF PROBATION**

Were you questioned by any law enforcement officers since sentencing? YES NO  
If yes, date: \_\_\_\_\_ Agency: \_\_\_\_\_ Reason: \_\_\_\_\_

Were you arrested or named as a defendant in any criminal case since sentencing? YES NO  
If yes, when and where: \_\_\_\_\_ Charges: \_\_\_\_\_ Disposition: \_\_\_\_\_

Were any pending charges disposed of during the past month? YES NO N/A  
If yes, date: \_\_\_\_\_ Court: \_\_\_\_\_ Disposition: \_\_\_\_\_

Did you possess or use any illegal drugs since sentencing? YES NO

If yes, type of drug: \_\_\_\_\_

Do you plan to leave the state within the next 30 days: YES NO

If yes, when and where: \_\_\_\_\_

Do you have a special assessment, restitution, or fine? YES NO

If yes, amount due to Court \_\_\_\_\_ Amount Paid \_\_\_\_\_ Balance \_\_\_\_\_

If balance, enclose payment.

Do you have community service work/work program to perform: YES NO

If yes, days completed this month: \_\_\_\_ days missed: \_\_\_\_ Balance of days remaining: \_\_\_\_

As part of your probation, do you have drug or alcohol counseling/programs: YES NO

If yes, have you sent verification for treatment? YES NO If no, enclose verification.

**WARNING: ANY FALSE STATEMENTS MAY SERVE AS A BASIS FOR VIOLATION OF PROBATION**

I certify that all information furnished is complete and correct.

\_\_\_\_\_  
Signature of Probationer

\_\_\_\_\_  
Date

Please mail this form to: Probation Department  
20<sup>th</sup> District Court  
25637 Michigan Ave.  
Dearborn Heights, MI 48125

Note: This form can be printed off our website at [www.20<sup>TH</sup>DistrictCourt.Com](http://www.20THDistrictCourt.Com)