

WHITMAN COUNTY PROBATION MONTHLY REPORT FORM

For additional forms: 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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