

MONTHLY MONITOR REPORT

ISSUED BY:

The monthly monitor report is to be used in lieu of a regular check in. It is only to be used with permission from Court Services. Reporting by this form does not release you from any of your diversion/probation or parole obligations and merely serves as a reporting option. By answering the questions on this form, the respondent realizes that any inconsistencies or attempts at deception can and will be used as evidence at any court hearing or trial that arises out of said allegations.

PROBATION OFFICER NAME:

BRAESON HOLLENBECK \_\_\_\_\_ LINDSEY CHARD \_\_\_\_\_ MIKE OWENS \_\_\_\_\_

**NAME** (please print) \_\_\_\_\_ Social Security Number \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Is this a new address? \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

CURRENT EMPLOYER \_\_\_\_\_ WORK PHONE# \_\_\_\_\_

Please give a brief update on your treatment, classes, AA meetings, etc. (please write or print clearly) \_\_\_\_\_

Please describe briefly what you have been doing since your last appointment here:

HAVE YOU RECEIVED ANY ADDITIONAL CHARGES OR ARRESTS? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES PLEASE GIVE DATE, TIME, CITY IT OCCURRED IN AND NATURE OF ARREST

HAVE YOU REMAINED ALCOHOL AND DRUG FREE? \_\_\_\_\_

ANY ADDITIONAL COMMENTS: \_\_\_\_\_

**NEXT APPOINTMENT:** \_\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

ADDRESS: OVERLAND PARK COURT SERVICES  
12400 FOSTER OVERLAND PARK, KS. 66213  
913-327-6700