



CASS COUNTY PROBATION DEPARTMENT

303 MINNESOTA AVE
PO BOX 3000
WALKER, MN 56484
PHONE: 218-547-7212
FAX: 218-547-7420

This report is to be filled out, signed and mailed to your supervising agent the first of each month.

Probation Agent: _____ Client Name: _____

Mailing Address: _____ City _____ State _____ Zip _____ Is this New? _____

Physical Address: _____ City _____ State _____ Zip _____ Is this New? _____

Who do you live with (name & relationship)? _____

Telephone/Message Phone: _____ Cellphone: _____

Present Employer: _____ Phone: _____

Work Schedule (be specific with days and hours): _____

Days absent from work (excluding weekends and holidays) and reason: _____

Have you consumed any Alcohol and/or Illegal Controlled Substance this month? Yes or No (circle one)

If yes explain _____

Have you had any changes in your life, relationships, living situation, health problems? _____

Have you had any arrests or contact with the police this past month? If yes – explain:

Is there anything you wish to discuss with your agent? _____

Do you need more Monthly Report forms: Yes or No (circle one)

Client Signature: _____ Date: _____

By signing this form, you are stating that the above information is true and accurate. Failure to be truthful is a violation of your probation.

**CASS COUNTY PROBATION
PO BOX 3000
WALKER, MN 56484**

AA OR SUPPORT GROUP VERIFICATION

CLIENT NAME: _____

Session Attending: _____

Place of Attendance: _____

Date of Attendance: _____

Witness Signature: _____

Session Attending: _____

Place of Attendance: _____

Date of Attendance: _____

Witness Signature: _____

Session Attending: _____

Place of Attendance: _____

Date of Attendance: _____

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