

3737 Pacific Highway East
 Fife, Washington 98424
 (253) 922-6635
 (253) 926-5435 - Fax

KEVIN G. RINGUS
 Municipal Court Judge

SALLY A. JACOBSEN
 Municipal Court Administrator

Month _____

MONTHLY COMPLIANCE REPORT FORM

This report shall not be considered as fulfillment of your reporting requirement unless completed in full.

Name _____ Home Phone _____
 Address _____ New Address Yes ___ No ___
 Living With? _____

Apt. #	City	Zip

Present Occupation _____ Work Hours _____
 Employer _____ Work Phone _____

Have you ever been arrested, cited, jailed or appeared in court since your last report?
 No ___ Yes ___ Date _____ Location _____

Charge(s) _____ Citation # _____
 Disposition _____

When you were sentenced, the sentencing judge ordered you to complete certain conditions. Please indicate what you are doing.

- | | |
|---|---------------------------------|
| 1. Attending Alcohol/Drug Program | Yes ___ No ___ Give Dates _____ |
| 2. Taking Antabuse/Methadone | Yes ___ No ___ Where _____ |
| 3. Attending Therapy | Yes ___ No ___ Give Dates _____ |
| 4. Paying Fine | Yes ___ No ___ Balance _____ |
| 5. School or Training Program | Yes ___ No ___ Name _____ |
| 6. Seeking Employment | Yes ___ No ___ Where _____ |
| 7. Community Service Restitution | Hours Worked _____ Days _____ |
| 8. Paying Restitution | Yes ___ No ___ Amount _____ |
| 9. Monitoring Fees (if ordered) | Yes ___ No ___ Amount _____ |
| 10. Any Alcohol/Drug Use? | Yes ___ No ___ |
| 11. Valid Driver's License | Yes ___ No ___ |
| 12. Liability Insurance | Yes ___ No ___ |
| 13. Driving | Yes ___ No ___ |
| 14. Antabuse and/or AA Log Attached | Yes ___ No ___ |
| 15. Is there anything you were ordered to do that you are not complying with? | Yes ___ No ___ |

Explain: _____

If more forms are needed, please stop by the Court or make your own copies.

The proceeding statements are true and were answered to the best of my knowledge.

Signature: _____ Date _____