



**SUPERIOR COURT OF ARIZONA
COCHISE COUNTY ADULT PROBATION DEPARTMENT**

Wallace R. Hoggatt
Presiding Judge

Livingston Sutro
Chief Adult Probation Officer

PROBATION REPORT FOR MONTH(S) OF: _____

Your Name: _____
Address: _____
Employer: _____
Probation Officer: _____

Today's Date: _____ (Due by 5th)
Phone: _____
Phone: _____
I live with: _____

<u>Compliance for this Reporting Period</u> (Complete as they apply to you)		
Requirement	Total Ordered	Total Completed
Restitution		Receipt #:
All other fees		
Community Restitution		(Attach sheets)
Treatment		
Case Plan Actions		

1. Have you had police contact? Y/N Were you arrested? Y/N
2. Has your financial situation changed? Y/N
3. Do you have any problems or requests you would like to discuss with your probation officer? Y/N
4. Is there any reason you cannot comply with court orders? Y/N
5. Any other information your probation officer should know about? Y/N

IF YOU ANSWERED YES TO ANY OF THE ABOVE, EXPLAIN ON THE BACK OF THIS FORM AND DISCUSS WITH YOUR PROBATION OFFICER.

I have read this report and swear that the statements in it are true. I realize that giving false or misleading information shall constitute a violation of my probation, and a petition to revoke my probation may be filed.

Signed: _____ Dated: _____

P.O. Box AD, Bisbee, Arizona 85603, (520) 432-8800
100 Colonia de Salud, Suite 101, Sierra Vista, Arizona 85635, (520) 803-3100
1930 11th Street, Douglas, Arizona, 85607, (520) 805-5540
126 W. 5th Street, Benson, Arizona, 85602, (520) 586-8240

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