CHEROKEE PROBATION SERVICES
DISTRICT ATTORNEY'S OFFICE PRE-TRIAL DIVERSION PROGRAM MONTHLY REPORT FORM
DUE ON OR BEFORE THE 15TH OF EACH MONTH VIA MAIL, FAX, EMAIL, OR IN PERSON DROP-OFF

Report for the month of:_____

Name:_____ Date of Birth #:_____

Physical Address:_____
Street
_____
City State Zip Code
Mailing Address (if different)_____

Phone Number: _____ Email: _____

Occupation:_____ Employer:_____ (_____)
Phone Number

Employer's Address:_____
Street
_____
City State Zip Code

Please Answer the Following Questions

1. Do you fully understand the conditions of your program ? Yes No
2. Did you violate any condition of your program this month? Yes No
3. Do you have a "no contact," "no violent contact," or "stay away from" condition? Yes No
   a. If yes, who or what location are you to have no contact/violent contact with?
   _____
   b. Did you violate this condition of your program? Yes No

4. Did you change your residence this month? Yes No
5. Did you change your employment this month? Yes No

6. Were you arrested or were you issued a ticket this month? Yes No
   If yes, explain on the back of this form.

7. Did you use alcohol or drugs this month? Yes No

8. Location and name of treatment provider: _____
   a. Date of evaluation or last session: _____ Number of remaining sessions: _____

9. Location of community service work site: _____
   a. Number of hours performed this month?_____ Number of hours remaining: _____

10. Date of last consultation with my attorney about my case: _____

CERTIFICATION

I HEREBY CERTIFY THAT I HAVE ANSWERED ALL THE FOREGOING QUESTIONS TRUTHFULLY AND TO THE BEST OF MY KNOWLEDGE.

Signature:_____ **Date:_____**

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