

# WRITTEN SUMMARY REPORT

Make Money Orders payable to:

## EFFINGHAM COUNTY PROBATION OFFICE

902 N. Pine Street, Springfield, GA 31329

Phone: 912-754-4155 / Fax: 912-754-9136

Your Probation Officer: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of today's payment: \_\_\_\_\_ Money Order #: \_\_\_\_\_

If the above was a partial payment, what is the date of your next payment to get caught up?: \_\_\_\_\_

Have you been arrested or in any trouble since your last report? \_\_\_No \_\_\_Yes If yes, explain (use back of form, if necessary): \_\_\_\_\_  
\_\_\_\_\_

Conditions ordered as part of Probation (attach time sheets, certificates, etc.):

	Yes	No	
Community Service	___	___	Hours completed to date: _____
Domestic Violence	___	___	# of sessions completed: _____
Jail Time	___	___	# of hours completed: _____
DUI School	___	___	Date Completed: _____
Alcohol/Drug Treatment	___	___	Date Completed: _____

I understand that I should call my Probation Officer at 912-754-4155, as a follow up contact to this form.

\_\_\_\_\_  
Signature of Probationer