

SALINA MUNICIPAL COURT MONTHLY REPORT FORM

Reports are due by the 5th of each month unless otherwise specified.

Reporting for:

Name: _____ Case No: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone No.: _____ Cell Phone No.: _____

Employer: _____ Supervisor: _____

Address: _____

Work Phone No.: _____ Work Hours: _____

Have you had any contacts with law enforcement since submission of your last monthly report? No Yes
If so, describe the circumstances including date, time, and name of the law enforcement agency.

Was community service hours ordered? No Yes Hours Performed: _____

Were court costs, fines, and/or restitution ordered? No Yes Amount Paid: _____

Was an evaluation ordered? No Yes Date Obtained: _____

Are you in counseling? No Yes
If so, list the names of your counselor, address, frequency of sessions and date last attended.

Other information:

Signature: _____ Date: _____

Return this form by mail, fax or e-mail to:
Amanda Swolensky, Court Services Coordinator
Salina Municipal Court
P.O. Box 1154
Salina, KS 67402-1154
Fax: (785) 826-7235 E-mail: amanda.swolensky@salina.org