

Mail To: MISDEMEANOR MANAGEMENT SERVICES

104 College Ave Suite 226
Centerville, TN 37033

Phone #: 615-970-2275

FAX #: (931) 729-6141



MONTHLY REPORT – DUE THE 1st DAY OF EACH MONTH

Reports post-marked after the 7th day of each month will be considered a missed appointment, and reports post-marked before the 25th day of each month will be considered too early and will not count as reporting for that month.

Phone calls, faxes or making an on-line payment **DO NOT** count as reporting.

PLEASE PRINT

NAME: _____

D.O.B.: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NO.: _____

ON-LINE PAYMENT \$ _____. <https://pay.mchra.com/MMS/>

Have you been arrested or received a citation since being placed on probation? _____

If so, when, where & what are the charges? _____

When is your next court date? _____

Enclose a copy of the citation or warrant.

Name of current employer or school attending: _____

Address: _____

Phone No. _____

NOTE: If you have attended or completed any special conditions such as DUI School, Community Service, A & D Assessment, etc. since your **last** report be sure to have that agency fax or mail conformation that you have done so to our office. (Address and phone number are listed above)

Rule 5 of the Probation Order states that you shall make a full and truthful report to probation. Therefore, this report must be completed by you the probationer. Submitting a report completed by someone other than yourself will be considered a submission of false information and may result in a violation of probation.

I certify that the above information is true and provided by me.

Probationer Signature

Date

FOR OFFICE USE ONLY

Received:
Amount: \$
Receipt No.:
Comment:

Instructions:

1. **ALWAYS** report new arrests, citations, changes of address, phone number, and employment or before leaving the state **immediately and by phone.** Refer to rules # 4 & 7 of the probation order if you have any questions.
2. Make the appropriate number of copies of the monthly report for each month you will be reporting. Monthly Reports Sheets can be printed off mchra.com/misdemeanor-management
3. In your first report Include a list of three (3) different drug screen labs in your area that will 1) accept walk in's and 2) will conduct a "10 panel" observed screen. Keep a copy for yourself. When you are called for a drug screen the results need to be faxed to (931) 729-6141

Lab 1

Name: _____

Address: _____ **Phone #:** _____

Cost of 10-Panel screen \$ _____

Lab 2

Name: _____

Address: _____ **Phone #:** _____

Cost of 10-Panel screen \$ _____

Lab 3

Name: _____

Address: _____ **Phone #:** _____

Cost of 10-Panel screen \$ _____

4. If you're a student enclose a copy of your class schedule.