KEVIN G. RINGUS
Municipal Court Judge
ANTHONY PETERSEN
Municipal Court Administrator

3737 Pacific Highway East
Suite 100
Fife, Washington 98424

(253) 922-6635
(253) 926-5435 - Fax

Month _____

MONTHLY COMPLIANCE REPORT FORM

This report shall not be considered as fulfillment of your reporting requirement unless completed in full.

Name _____ Home Phone_____
Address _____ New Address Yes ____ No____
_____ Living With? _____
Apt. # City Zip
Email: _____
Present Occupation _____ Work Hours _____
Employer _____ Work Phone _____
Have you ever been arrested, cited, jailed or appeared in court since your last report?
No ____ Yes ____ Date_____ Location _____
Charge(s) _____ Citation # _____
Disposition _____
When you were sentenced, the sentencing judge ordered you to complete certain conditions. Please indicate what you are doing.

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1. Attending Alcohol/Drug Program Yes ____No ____ Give Dates _____
2. Taking Antabuse/Methadone Yes ____No ____ Where _____
3. Attending Therapy Yes ____No____ Give Dates _____
4. Paying Fine Yes ____No ____ Balance _____
5. School or Training Program Yes ____No ____ Name _____
6. Seeking Employment Yes ____No ____ Where _____
7. Community Service Restitution Hours Worked _____ Days _____
8. Paying Restitution Yes ____No ____ Amount _____
9. Monitoring Fees (if ordered) Yes ____No ____ Amount _____
10. Any Alcohol/Drug Use? Yes ____No ____
11. Valid Driver's License Yes ____No ____
12. Liability Insurance Yes ____No____
13. Driving Yes ____No ____
14. Antabuse and/or AA Log Attached Yes ____No ____
15. Is there anything you were ordered to do that you are not complying with? Yes ____ No____
    Explain:_____
    _____

If more forms are needed, please stop by the Court or make your own copies.
The proceeding statements are true and were answered to the best of my knowledge.

Signature: _____ Date _____