

IN THE TRIBAL COURT OF THE HUALAPAI NATION  
PEACH SPRINGS, ARIZONA

ADULT PROBATION WEEKLY REPORT

**READ CAREFULLY:** CONDITIONAL TO YOUR RELEASE ON PROBATION YOU MUST GIVE A FULL AND TRUTHFUL REPORT OF YOUR WEEKLY CONDUCT AND ACTIVITIES. ANSWER ALL QUESTIONS FAILURE TO DO SO WILL BE CAUSE FOR IMMEDIATE TERMINATION OF YOUR PROBATION.

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

- |   |     |    |
|---|-----|----|
| 1.) Have you remained free of arrests, traffic citations, or questioning by police?   | Yes | No |
| 2.) Are you gainfully employed?   | Yes | No |
| 3.) Have you refrained from using alcohol, non-prescribed drugs or inhalants?         | Yes | No |
| 4.) If ordered, have you kept all counseling/treatment appointments/meetings?         | Yes | No |
| 5.) If ordered, have you refrained from negative contact with victim(s) in this case? | Yes | No |
| 6.) If ordered, have you made payments on all fines, restitution, and child support?  | Yes | No |

**If you have answered "NO" to any of the above, please write which number and explain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you are employed report here the phone #, location, days/hours of employment:**

\_\_\_\_\_  
\_\_\_\_\_

**Name the person/program you received counseling services from and days/times:**

I CERTIFY that the above information is TRUE and CORRECT and I REAFFIRM not to violate any laws or engage in any misconduct while under probation status. I understand my probation conditions and will strictly abide by them:

SIGNATURE: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF COURT STAFF

\_\_\_\_\_  
DATE/TIME