

TYBEE ISLAND MUNICIPAL COURT PRETRIAL DIVERSION PROGRAM

MONTHLY REPORT FORM

Name: _____ Date of Report: _____

Date of Entry into Pretrial: _____

1. Have there been any changes to your address, employment, or contact information?

No **Yes (note changes below)**

2. Have you violated any laws, received any traffic citations, been arrested, or had any contact with law enforcement since the signing of the Diversion Agreement?

No **Yes (list date, jurisdiction, charges, and citation number below)**

3. Location and name of treatment provider: _____

Date of evaluation or last session: _____ No. of remaining sessions: _____

4. Location of community service work site: _____

No. of hours performed this month: _____ No. of hours remaining: _____

5. Date of last consultation with my attorney about my case: _____

Participant's signature

Date

Due on or before the 1st of each month:

Tybee Island Municipal Court
Attention: Pretrial Diversion Program
P.O. Box 1340
Tybee Island, Georgia 31328
Email: Diversion@cityoftybee.org
Fax: 912-786-4003