



STATE COURT OF COBB COUNTY

12 East Park Square
Marietta, Georgia 30090

Donna L. Tschappat

State Court Administrator



Tami L. Nichelson
Chief Probation Officer
770.528.1795

Sentence Enforcement Unit Supervision Report

Please print and fill out **ALL** blanks.

Probation Officer: _____

Case Number: _____

Name (As Sentenced): _____

Employer: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Telephone Number: () _____

Telephone Number: () _____

Cell Number: () _____

Contact Person: _____

Email: _____

Address: _____

Date of Last Alcohol/Drug Use: _____

City: _____ State: _____ Zip: _____

Alcohol/Drug Used: _____

Telephone Number: () _____

Have you been arrested or given a ticket since your last report? _____ If yes, explain the following:

Date of arrest or ticket _____ Your court date _____

Law Enforcement Agency _____

Charges against you _____

I hereby certify that all the above information is correct and complete.

Today's Date _____

Your Signature _____

This form is due by the _____ of each month beginning _____ through _____.

MAIL/FAX THIS FORM TO:

Sentence Enforcement Unit

12 East Park Square

Marietta, GA 30090

Fax # 770-528-1794

Comments:

