

U.S. PROBATION OFFICE

MONTHLY SUPERVISION REPORT FOR THE MONTH OF _____, 20_____.

Name		Court Name (if different):		
PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement)				
Street Address, Apt. Number:		Own or Rent?	Home Phone:	Cellular Phone: Pager:
City, State, Zip Code:		Persons Living With You:		
Secondary Residence		Own or Rent?	Did you move during the month? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address (if different):		E-Mail Address	If yes, date moved: _____ Reason for Moving:	
PART B: EMPLOYMENT (If unemployed, list source of support under Part D.)				
Name, Address, Phone No. of Employer:		Name of Immediate Supervisor:		Is your employer aware of your criminal status? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____		How many days of work did you miss? _____ Why?		
_____		Position Held:	Gross Wages:	Normal Work Hours:

Did you change jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No		If changed jobs or terminated, state when and why:		
Were you terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No				
PART C: VEHICLES (List all vehicles owned or driven by you)				
1. Year/Make/Model/Color:	Mileage:	Tag Number:	Owner:	
		Vehicle I.D.#:		
2. Year/Make/Model/Color:	Mileage:	Tag Number:	Owner:	
		Vehicle I.D.#:		
PART D: MONTHLY FINANCIAL STATEMENT				
Net Earnings from Employment: _____ (Attach Proof of Earnings)		Do you rent or have access to:		
Other Cash Inflows: _____		a post office box? <input type="checkbox"/> Yes <input type="checkbox"/> No a safe deposit box? <input type="checkbox"/> Yes <input type="checkbox"/> No		
TOTAL MONTHLY CASH INFLOWS: _____		a storage space? <input type="checkbox"/> Yes <input type="checkbox"/> No		
TOTAL MONTHLY CASH OUTFLOWS: _____		Name and Address of Location: _____ Box No. or Space _____		

Do you have checking account(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does your spouse, significant other, or dependant have a checking or savings account that you enjoy the benefits of or make occasional contributions toward?		
Bank Name: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Account No: _____ Balance: _____		Bank Name: _____		
Do you have savings account(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Account No: _____ Balance: _____		
Bank Name: _____				
Account No: _____ Balance: _____				
Attach a complete listing of all other financial account information, if you have multiple accounts.				
List all expenditures over \$500 (including e.g., goods, services, or gambling losses)				
<u>Date</u>	<u>Amount</u>	<u>Method of Payment</u>	<u>Description of Item</u>	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	

PART E: COMPLIANCE WITH CONDITIONS OF SUPERVISION DURING THE PAST MONTH

Were you questioned by any law enforcement officers?
9 Yes 9 No

If yes, date: _____

Agency: _____

Reason: _____

Were you arrested or named as a defendant in any criminal case?
9 Yes 9 No

If yes, when and where? _____

Charges: _____

Disposition: _____

(Attach copy of citation, receipt, charges, disposition, etc.)

Were any pending charges disposed of during the month?
9 Yes 9 No

If yes, date: _____

Court: _____

Disposition: _____

Was anyone in your household arrested or questioned by law enforcement?
9 Yes 9 No

If yes, whom? _____

Reason: _____

Disposition: _____

Do you have any contact with anyone having a criminal record?
9 Yes 9 No

If yes, whom? _____

Do you possess or have access to a firearm?
9 Yes 9 No

If yes, why? _____

Did you possess or use any illegal drugs?
9 Yes 9 No

If yes, type of drug: _____

Did you travel outside the district without permission?
9 Yes 9 No

If yes, when and where? _____

Do you have a special assessment, restitution, or fine? 9 Yes 9 No If yes, amount paid during the month:

Special Assessment: _____ Restitution: _____ Fine: _____

NOTE: ALL PAYMENTS TO BE MADE BY MONEY ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.

Do you have community service work to perform?
9 Yes 9 No

Number of hours completed this month: _____

Number of hours missed: _____

Balance of hours remaining: _____

Do you have drug, alcohol, or mental health aftercare?
9 Yes 9 No

If yes, did you miss any sessions during this month?
9 Yes 9 No

Did you fail to respond to phone recorder instructions?
9 Yes 9 No

If yes, why? _____

WARNING: ANY FALSE STATEMENTS MAY RESULT IN REVOCATION OF PROBATION, SUPERVISED RELEASE, OR PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A \$250,000 FINE, OR BOTH.

(18 U.S.C. § 1001)

I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT.

SIGNATURE DATE

REMARKS:

RECEIVED

_____ Mail _____ OC
_____ HC _____ CC

RETURN TO:

U.S. Probation Officer Date