

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH _____

Name:	DOB:	Court Name (if different):	Probation Officer:
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 Were you terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No		If changed jobs or terminated, state when and why.	
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: a post office box? <input type="checkbox"/> Yes <input type="checkbox"/> No a safe deposit box? <input type="checkbox"/> Yes <input type="checkbox"/> No a storage space? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Cash Inflows: _____		Name and Address of Location: _____ Box No. or Space _____	
TOTAL MONTHLY CASH INFLOWS: _____		_____	
TOTAL MONTHLY CASH OUTFLOW: _____		_____	
Do you have a checking account(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Bank Name: _____ Account No.: _____ Balance _____		Does your spouse, significant other, or dependant have a checking or savings account that you enjoy the benefits of or make occasional contributions toward? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a savings account(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Bank Name: _____ Account No.: _____ Balance _____		Bank Name: _____	
Attach a complete listing of all other financial account information, if you have multiple accounts.		Account No.: _____ Balance: _____	
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?

☐ Yes ☐ No

If yes, date: _____

Agency: _____

Reason: _____

Were you arrested or named as a defendant in any criminal case?

☐ Yes ☐ 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?

☐ Yes ☐ No

If yes, date: _____

Court: _____

Disposition: _____

Was anyone in your household arrested or questioned by law enforcement?

☐ Yes ☐ No

If yes, whom? _____

Reason: _____

Disposition: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☐ No

If yes, whom? _____

Did you possess or have access to a firearm?

☐ Yes ☐ No

If yes, why? _____

Did you possess or use any illegal drugs?

☐ Yes ☐ No

If yes, type of drug: _____

Did you travel outside the district without permission?

☐ Yes ☐ No

If yes, when and where? _____

Do you have a special assessment, restitution, or fine?

☐ Yes ☐ 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?

☐ Yes ☐ No

Number of hours completed this month: _____

Number of hours missed: _____

Balance of hours remaining: _____

Do you have drug, alcohol, or mental health aftercare?

☐ Yes ☐ No

If yes, did you miss any sessions during this month?

☐ Yes ☐ No

Did you fail to respond to phone recorder instructions?

☐ Yes ☐ 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