

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF _____ 20____

NAME: _____	COURT NAME (if different): _____
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PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement)

STREET ADDRESS, APT. NUMBER: _____	HOME PHONE: _____	PAGER PHONE: _____	CELL PHONE: _____
CITY, STATE, ZIP CODE: _____	PERSON(S) 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 INCOME: _____ 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: _____	TAG NUMBER: _____	OWNER: _____
2. YEAR/MAKE/MODEL/COLOR: _____	TAG NUMBER: _____	OWNER: _____

PART D: MONTHLY FINANCIAL STATEMENT

NET INCOME FROM EMPLOYMENT (Attach proof of earnings) _____	Does your spouse, significant other, or dependent have a checking or savings account that you enjoy the benefits of, or make occasional contributions toward (applicable to those with unpaid fine/restitution obligations)?
OTHER INCOME _____	_____ Yes _____ No Bank Name: _____
TOTAL MONTHLY INCOME _____	Account No: _____ Balance: _____
TOTAL MONTHLY EXPENSES _____	
DO YOU HAVE A CHECKING ACCOUNT? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE A SAVINGS ACCOUNT? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> JOINT BALANCE: _____	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> JOINT BALANCE: _____
BANK NAME: _____	BANK NAME: _____
ACCOUNT NUMBER: _____	ACCOUNT NUMBER: _____

LIST ALL PURCHASES OF INDIVIDUAL GOODS OR SERVICES FOR WHICH YOU PAID \$500 OR MORE:

DATE	AMOUNT	METHOD OF PAYMENT	DESCRIPTION OF ITEM

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 & WHERE? _____

CHARGES: _____

DISPOSITION: _____

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

WERE ANY 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 & WHERE? _____

DO YOU HAVE A SPECIAL ASSESSMENT, RESTITUTION, OR FINE?

☐ YES

☐ NO - IF YES, AMOUNT PAID DURING THIS 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 THE MONTH?

☐ YES ☐ NO

DID YOU FAIL TO RESPOND TO PHONE RECORDER INSTRUCTIONS?

☐ YES ☐ NO

IF YES, WHY? _____

WARNING: ANY FALSE STATEMENT 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