

## U.S. PROBATION OFFICE MONTHLY SUPERVISION REPORT FOR THE MONTH \_\_\_\_\_

Name:	DOB:	Court Name (if different):	Probation Officer:
<b>PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement.)</b>			
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:	
<b>PART B: EMPLOYMENT (If unemployed, list source of support under Part D.)</b>			
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:
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.	
<b>PART C: VEHICLES (List all vehicles owned or driven by you.)</b>			
1. Year/Make/Model/Color:	Mileage:	Tag Number:	Owner:
		Vehicle I.D.#:	
2. Year/Make/Model/Color:	Mileage:	Tag Number:	Owner:
		Vehicle I.D.#:	
<b>PART D: MONTHLY FINANCIAL STATEMENT</b>			
Net Earnings from Employment: _____ <i>(Attach Proof of Earnings)</i>		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		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: _____ Account No.: _____ Balance _____		<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: _____	
Bank Name: _____ Account No.: _____ Balance _____		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?  
 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:

\_\_\_\_\_  
 U.S. Probation Officer

\_\_\_\_\_  
 Date

RECEIVED:

\_\_\_\_\_ Mail \_\_\_\_\_ OC

\_\_\_\_\_ HC \_\_\_\_\_ CC

RETURN TO: