

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

RECEIVED:

Mail _____ OC

HC _____ CC

RETURN TO:

Date