

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: _____
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: _____ <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

RECEIVED:

_____ Mail _____ OC
_____ HC _____ CC

RETURN TO:

Date