

Pretrial Services Supervision Report

I. Name: _____

II. When is your next court date? _____

III. Residence: _____
(No. and Street) (City) (State/Zip) (Home Telephone)

Have you moved since the last Pretrial Services Supervision Report? ____ Yes ____ No

If yes, provide previous residence and reason for move: _____

IV. Employment: _____
(Name) (Address) (Work Telephone Number)

Job Title: _____

Has your employment changed since the last Pretrial Services Supervision Report? ____ Yes ____ No

If yes, explain: _____

V. Have you been questioned by law enforcement or arrested since the last Pretrial Services Supervision Report? ____ Yes ____ No

If yes, explain (when, where, by whom, charge, status of case): _____

I CERTIFY THAT ALL ANSWERS ARE COMPLETE AND CORRECT. I UNDERSTAND THAT A FALSE STATEMENT MAY RESULT IN REVOCATION OF MY RELEASE, IN ADDITION TO PROSECUTION UNDER 18 U.S.C. § 1001.

Signature

Date

Reviewed by: _____
Officer's Signature

Date

MAIL OR DELIVER THIS FORM TO:

**U. S. Probation Office
650 Missouri Avenue - Room 103
East St. Louis, IL 62201-2955

(618) 482-9375**