

ADMINISTRATIVE CASELOAD DUE BY THE 10<sup>th</sup> OF EACH MONTH

U.S. PROBATION OFFICE MONTHLY SUPERVISION REPORT FOR THE MONTH OF \_\_\_\_\_, 20\_\_

ATTACH COPIES OF PAY STUBS

Name: Court Name (if different): 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? Mailing Address (if different): E-Mail Address 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? How many days of work did you miss? Why? Position Held: Gross Wages: Normal Work Hours: Did you change jobs? Were you terminated? 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: (Attach Proof of Earnings) Other Cash Inflows: TOTAL MONTHLY CASH INFLOWS: TOTAL MONTHLY CASH OUTFLOWS: Do you rent or have access to: a post office box? a safe deposit box? a storage space? Name and Address of Location: Box No. or Space: Do you have checking account(s)? Bank Name: Account No: Balance: Do you have savings account(s)? Bank Name: 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) 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 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: \_\_\_\_\_

Reason: \_\_\_\_\_

Was anyone in your household arrested or questioned by law enforcement?  
 Yes  No

If yes, whom? \_\_\_\_\_

Reason: \_\_\_\_\_

Disposition: \_\_\_\_\_

Do you have any contact with anyone having a criminal record?  
 Yes  No

If yes, whom? \_\_\_\_\_

Do 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

Special Assessment: \_\_\_\_\_

Restitution: \_\_\_\_\_

Fine: \_\_\_\_\_

If yes, amount paid during the month: \_\_\_\_\_

**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:

RECEIVED

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

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

RETURN TO:

**U.S. PROBATION OFFICE  
650 Missouri Avenue  
E. St. Louis, IL 62201**

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

\_\_\_\_\_  
Date