

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH _____, 20 ____.

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? <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: _____ (Attach Proof of Earnings)		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 OUTFLOWS: _____		_____	
Do you have checking <input type="checkbox"/> Yes <input type="checkbox"/> No Bank Name: _____ Account _____ Balance: _____		Does your spouse, significant other, or dependant have a checking or savings account that you enjoy the benefits of or make occasional contributions toward? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have savings <input type="checkbox"/> Yes <input type="checkbox"/> No Bank Name: _____ Account _____ Balance: _____		Bank Name: _____	
Attach a complete listing of all other financial account information, if you multiple accounts.		Account No.: _____ Balance: _____	
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: _____

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 OF PROBATION, SUPERVISED RELEASE, OR PAROLE, IN ADDITION 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

HC

OC

CC

RETURN TO:

Date