

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

Name: _____	Court Name (if different): _____
-------------	----------------------------------

### PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement)

Street Address, Apt. Number: _____	Home Phone: _____	Pager Phone: _____	Other Phone: _____
City, State, Zip Code: _____	Persons Living with you: _____		
Complex/Subdivision: _____ Own or Rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent	Did you move during the month? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing Address (if different): _____	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 Income: _____
	Normal Work Hours: _____	
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: _____	Tag Number: _____	Owner: _____
2. Year/make/model: _____	Color: _____	Tag Number: _____	Owner: _____

### PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings) _____	Past Due Debts: _____	Amount Past Due: _____
Other Income: _____	_____	_____
TOTAL MONTHLY INCOME _____	_____	_____
TOTAL MONTHLY EXPENSES _____	_____	_____
Do you have a checking account? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance: _____	Do you have a savings account? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance: _____	
Bank Name: _____	Bank Name: _____	
Account Number: _____	Account Number: _____	

List all purchases of individual goods or services for which you paid \$500 or more:

<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 & 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

\_\_\_\_\_  
 Date

RECEIVED:

\_\_\_\_\_ Mail      \_\_\_\_\_ OC

\_\_\_\_\_ HC      \_\_\_\_\_ CC

RETURN TO: