

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

Name:	Court Name (if different):
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PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement.)

Street Address, Apt. Number: _____ Own or Rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent?	Home Phone: _____ Cellular Phone: _____ Pager: _____
City, State, Zip Code: _____	Persons Living With You: _____
Secondary Residence: _____ Own or Rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you move during the month? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date moved: _____ Reason for Moving: _____
Mailing Address (if different): _____ E-Mail Address: _____	Name on Lease/Deed? Name on Utilities? Pets (description): _____

PART B: EMPLOYMENT (If unemployed, list source of support under Part D.)

Name, Address, Phone Number 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: _____	State Registered: _____	Tag/License Plate Number: _____	Owner: _____
<input type="checkbox"/> New Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle I.D. #: _____			
2. Year/Make/Model/Color: _____	Mileage: _____	State Registered: _____	Tag/License Plate Number: _____	Owner: _____
<input type="checkbox"/> New Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle I.D. #: _____			

PART D: MONTHLY FINANCIAL STATEMENT

Net Earnings from Employment: _____ <i>(Attach Proof of Earnings)</i> Other Cash Inflows: _____ TOTAL MONTHLY CASH INFLOWS: _____ TOTAL MONTHLY CASH OUTFLOWS: _____	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 Name and Address of Location: _____ Box No. or Space _____ _____ _____ _____
Do you have checking <input type="checkbox"/> Yes <input type="checkbox"/> No Bank Name: _____ Account _____ Balance: _____ Do you have savings account(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Bank Name: _____ Account _____ Balance: _____ Attach a complete listing of all other financial account information, if you have multiple accounts.	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 Bank Name: _____ Account No.: _____ Balance: _____

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: _____
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 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

U.S. Probation Office Use Only
 No Changes Noted Employment Change New Arrest
 Law Enforcement Contact Address Change
 Other Changes: _____
Special Instructions or Remarks:

RECEIVED:

Fax _____ E-mail _____

Mail _____ OC _____

HC _____ CC _____

U.S. Probation Officer Date

RETURN TO: