PROB 8 (Rev. 7/04)

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Name:	DOB:	Court Name (if differen	nt):		Probation Officer:	
PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement.)						
Street Address, Apt. Number:	Own or Rent?	Home Phone:		llular Phone:	Pager:	
City, State, Zip Code:		Persons Living With You: Hazards in Residence:				
Secondary Residence:	Own or Rent?	Did you move during the	he month?	Yes	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:  Yes No				
		How many days of work did you miss? Why?				
		Position Held:	Gross Wa	nges:	Normal Work Hours:	
Did you change jobs? Yes No Were you terminated? Yes 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) Other Cash Inflows:	Do you rent or have access to: a post office box?					
TOTAL MONTHLY CASH INFLO	<u> </u>					
Do you have a checking account(s)? Yes No Bank Name: Account No.: Balance Do you have a savings account(s)? Yes No Bank Name: Account No.: Balance Account No.: 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?  Yes No  Bank Name:  Account No.:  Balance:				
List all expenditures over \$500 (including, e.g., goods, services, or gamblin <u>Date</u> <u>Amount</u> <u>Method</u>		ng losses) d of Payment		Descrip	tion of Item	

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PART E: COMPLIANCE WITH CONDITIONS	OF SUPERVISION DURING THE PAST MONTH				
Were you questioned by any law enforcement officers?  Yes No	Were you arrested or named as a defendant in any criminal case?  Yes No				
If yes, date:	If yes, when and where?				
Agency:	Charges:				
Reason:	Disposition:				
(Attach conv of citation, red	 eeipt, charges, disposition, etc.)				
Were any pending charges disposed of during the month?  Yes No	Was anyone in your household arrested or questioned by law enforcement?  Yes No				
If yes, date:	If yes, whom?				
Court:	Reason:				
Disposition:	Disposition:				
Did you have any contact with anyone having a criminal record?  Yes No	Did you possess or have access to a firearm?  Yes No				
If yes, whom?	If yes, why?				
Did you possess or use any illegal drugs?  Yes No	Did you travel outside the district without permission?  Yes No				
If yes, type of drug:	If yes, when and where?				
Do you have a special assessment, restitution, or fine?	o If yes, amount paid during the month:				
Special Assessment: Restitution:	Fine:				
NOTE: ALL PAYMENTS TO BE MADE BY MONEY ORDER (POSTAL O	OR BANK) OR CASHIER'S CHECK ONLY.				
·	Do you have drug, alcohol, or mental health aftercare?				
Do you have community service work to perform?  Yes No	Yes No				
Number of hours completed this month:	If yes, did you miss any sessions during this month?				
	☐ Yes ☐ No				
Number of hours missed:	Did you fail to respond to phone recorder instructions?				
	☐ Yes ☐ No				
Balance of hours remaining:	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.	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT.				
(18 U.S.C. § 1001)	SIGNATURE DATE				
REMARKS:	RECEIVED:				
	MailOC				
	HCCC				
	RETURN TO:				
U.S. Probation Officer Date					
O.O. I Touditon Officer Date					