

### U.S. PROBATION OFFICE CLIENT CHANGE OF INFORMATION

Please complete the section(s) in which you are reporting new or updated information. Other sections may be left blank. Please sign and date on the back of this form and submit to the U.S. Probation Office.

Name: \_\_\_\_\_

Officer: \_\_\_\_\_

**NEW CONTACT INFORMATION**

*Select One:*

New Phone Number: \_\_\_\_\_

Cell      Home

Additional Phone Number: \_\_\_\_\_

Cell      Home

Email Address: \_\_\_\_\_

**NEW RESIDENCE ADDRESS**

Date Moved: \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_

Own or Rent? \_\_\_\_\_

**CHANGES TO YOUR ADDRESS AND/OR PHONE NUMBER REQUIRES YOU TO CONTACT YOUR OFFICER BY PHONE IMMEDIATELY.**

**PEOPLE WHO LIVE AT YOUR RESIDENCE**

Names:	Phone Number:	Relationship:
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EMPLOYMENT ENDED**

Company/Employer Name: \_\_\_\_\_

End Date: \_\_\_\_\_

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

**NEW EMPLOYMENT**

Company/Employer Name: \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Start Date: \_\_\_\_\_

Position Held: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Work Schedule (days/hours): \_\_\_\_\_

Hours Per Week: \_\_\_\_\_

Hourly Wage: \_\_\_\_\_

**CHANGES TO YOUR EMPLOYMENT STATUS REQUIRES YOU TO CONTACT YOUR OFFICER BY PHONE WITHIN THREE DAYS.**

**OTHER SOURCES OF INCOME**

Amount: \_\_\_\_\_ Source: *(Social Security, Disability Benefits, Pension, VA Benefits, Child Support, or Other):*

\_\_\_\_\_  
\_\_\_\_\_

**VEHICLES (New/Additional Vehicles Driven by Me)**

Year: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Color: \_\_\_\_\_

Tag Number: \_\_\_\_\_

Owner: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Return To:** U.S. Probation Office  
500 State Avenue, M-35  
Kansas City, KS 66101-2400

U.S. Probation Office  
444 S.E. Quincy, Rm 375  
Topeka, KS 66683

U.S. Probation Office  
401 N. Market, 3<sup>rd</sup> Floor  
Wichita, KS 67202