

## U.S. PROBATION OFFICE

### MONTHLY SUPERVISION REPORT FOR THE MONTH \_\_\_\_\_, 20 \_\_\_\_\_

Court Name:	DOB:	Current Name (if different from Court Name):	Probation Officer:
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**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.)**

Employer	Full Name of Immediate Supervisor:	Is your employer aware of your criminal status? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name:	How many days of work did you miss? _____ Why?		
Address:	Position Held:	Gross Wages:	Hours per Week:
City/State/Zip:	<input type="checkbox"/> Full-time	\$ _____	Work Schedule:
Phone:	<input type="checkbox"/> Part-time	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly	<input type="checkbox"/> Yearly
Did you change jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Start Date _____ If changed jobs or terminated, state when and why.			
Were you terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, End Date _____			

**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: _____ <i>(Attach Proof of Earnings)</i>  Other Cash Inflows: _____  TOTAL MONTHLY CASH INFLOWS: _____  TOTAL MONTHLY CASH OUTFLOW: _____	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 a checking account(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Bank Name: _____ Account No.: _____ Balance _____ Do you have a savings account(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Bank Name: _____ 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? <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: \_\_\_\_\_

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 \_\_\_\_\_

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:

RECEIVED:

\_\_\_\_\_ Mail \_\_\_\_\_ OC

\_\_\_\_\_ HC \_\_\_\_\_ CC

**Return to: U.S. Probation Office**

\_\_\_\_\_  
U.S. Probation Officer Date