DIRECTIONS FOR COMPLETING THE MONTHLY SUPERVISION REPORT FORM (MSR)

This monthly form is to be completed at the end of each month and sent to the probation office no later than the 5th day of the following month. The form must be completed thoroughly and accurately. Do not hesitate to discuss this form with your PO if you have any questions about how to complete it. If something does not apply specifically to you put N/A. **DO NOT leave any lines blank.**

PART A

- 1. Print your first, last and middle name legibly. <u>USE ONLY A BLACK OR BLUE INK PEN</u> TO COMPLETE THE REPORT.
- 2. Put any other name that may have been used in court.
- 3. Put your full street address and apartment number. DO NOT PUT PO BOX OR MAIL DROP NUMBERS IN THIS SPACE.
- 4. Put your city, state and zip code clearly.
- 5. Print the name of your apartment/town home complex and/or community subdivision. Advise as to whether you rent or own the property.
- 6. This is where you may list your post office box number or any other mailing address including your email address.
- 7. Put ALL phone numbers including pagers, cellular phones, car phones, and message numbers, or answering services.
- 8. List ALL NAMES of persons living at your residence.
- 9. Check yes or no if you moved during the month.
- 10. Put the exact date of move and reason for moving. THE PROBATION OFFICER MUST BE PERSONALLY NOTIFIED OF A MOVE 10 DAYS PRIOR TO YOU MOVING--DO NOT COUNT THIS FORM AS NOTIFICATION.

PART B

- 11. Put NAME, ADDRESS AND PHONE number of employer. If self-employed list office address, phone number and name of company.
- 12. Put name of immediate supervisor and phone extension.
- 13. Check yes or no as to employer's knowledge of your criminal status.
- 14. Put the number of days missed from work and the specific reason for the absence.
- 15. Put your exact job title.
- 16. List the gross income which is your total income BEFORE deductions/taxes are removed.
- 17. Put the exact days and hours you report to and leave from work. (Not 40 hours).

- 18. Check yes or no if you had a job change or were terminated during the month. THE PROBATION OFFICER MUST BE PERSONALLY ADVISED OF THIS CHANGE 10 DAYS PRIOR TO YOU CHANGING JOBS.
- 19. Put exact date of termination and reason why you were terminated from the employment.

PART C

20. List all vehicles OWNED OR DRIVEN by you. Put the year, make, model, color of vehicle, current mileage, license plate number and name of the owner of the vehicle. This must be completed in detail each month. This also includes company vehicles you may drive.

PART D

- 21. This is the amount of income you bring home AFTER deductions/taxes are removed. Documentation of the amount of income you report is to be attached monthly.
- 22. List any additional monies or benefits you receive during the month such as food stamps, tax refunds, welfare, inheritance, loans, trust funds, and spouse's income etc.
- 23. Add up your net income plus the "other income" and put the amount here.
- 24. The total of all your necessary monthly expenses incurred goes here.
- 25. Check whether you have a post office box, safe deposit box and/or storage space, and provide specific location.
- 26. Check whether you have a checking account and list the name of the bank and your account number. List your exact balance at the end of the month. The PO may request copies of bank statements to verify this information.
- 27. Do the same as #26 (above) regarding your savings account.
- 28. Check whether your spouse, significant other or dependent has an account that you contribute toward or receive money from, and provide bank name, account number and the exact end of the month balance.
- 29. List all purchase of goods or services, (including gambling losses) you paid \$500 or more for during this month. Print the date, amount of expenditure, method used for payment and description of item.

PART E

- 30. If you were questioned by law enforcement officers check yes, otherwise, check no. If yes, provide the exact date of questioning, who questioned you, name of agency and officer and the reason for the questioning. YOU MUST PERSONALLY NOTIFY YOUR PROBATION OFFICER WITHIN 72 HOURS OF THIS CONTACT. Attach copies of citations, bond papers, complaints or other documents for verification.
- 31. If you were arrested or named as a defendant in any other case check yes. Otherwise, check no. If yes, give the details including the date of charges and disposition or status of case.
- 32. If you resolved any pending charges this month check yes. Otherwise, check no. If yes, indicate the exact date of hearing, the court you attended and final disposition of the case. Attach a copy of the citation, receipt, charges and disposition.

- 33. Was anyone in your household arrested or questioned by law enforcement during this month? If yes state who (full name) was arrested and the reason for the arrest. Advise as to the disposition or status of the case. Otherwise, check no.
- 34. If you had contact with anyone who has a criminal record check yes and list their full name. Otherwise, check no.
- 35. If you possessed or had ANY access to a firearm check yes and explain why. Otherwise, check no.
- 36. If you possessed or used any illegal drugs, check yes and explain when, why and type of drug. Otherwise, check no.
- 37. If you traveled outside the state of Kansas, check yes and explain where you went and why. If possible, attach copy of flight information. Otherwise, check no.
- 38. If you have a special assessment fee, restitution, or a fine to pay, check yes and list the amount of your monthly payment. Otherwise, check no.
- 39. If you have community service to complete, check yes. List the number of hours you completed this month, the number of hours you missed and the balance of hours remaining.
- 40. Indicate whether you have a drug, alcohol or mental health aftercare condition. If so, indicate whether you missed any sessions during the month. Indicate whether you failed to respond to any phone recorder instructions and why.
- 41. Read the warning regarding truthful statements on this report.
- 42. Sign your full name and date you completed the report.
- 43. Make sure you attach all required documentation to this form before mailing.