

**U.S. PROBATION OFFICE  
MONTHLY SUPERVISION REPORT FOR THE MONTH \_\_\_\_\_, \_\_\_\_\_**

NAME:	DOB:	COURT NAME (IF DIFFERENT):	
<b>PART A: RESIDENCE (IF NEW ADDRESS, ATTACH COPY OF LEASE/PURCHASE AGREEMENT.)</b>			
STREET ADDRESS, APT NUMBER: <input type="checkbox"/> OWN OR <input type="checkbox"/> RENT		HOME PHONE:	CELLULAR PHONE:      PAGER:
CITY, STATE, ZIP CODE:		PERSONS LIVING WITH YOU:	
MAILING ADDRESS (IF DIFFERENT):      E-MAIL ADDRESS		DID YOU MOVE DURING THIS MONTH? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE MOVED: _____	
		REASON FOR MOVING:	
<b>PART B: EMPLOYMENT (IF UNEMPLOYED, LIST SOURCE OF SUPPORT UNDER PART D.)</b>			
COMPANY:		OCCUPATION:	
STREET ADDRESS, SUITE NUMBER:		YOUR JOB TITLE:	
CITY, STATE, ZIP CODE:		SPECIAL SKILLS:	
COUNTY:		REASON FOR LEAVING:	
START DATE:	END DATE:	CAN RETURN TO JOB?	
REGULAR WORK HOURS (E.G., 7 A.M. TO 3 P.M.; 8 A.M. TO 5 P.M., ETC.):		SUPERVISOR:	
STATUS: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SELF-EMPLOYED      HOURS PER WEEK:		TITLE:	
SALARY: \$		PHONE: _____	FAX: _____ PAGER: _____
SALARY TYPE (HOW OFTEN PAID): <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-MONTHLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER		EMPLOYER KNOWS ABOUT CONVICTION: <input type="checkbox"/> YES <input type="checkbox"/> NO	
		EMPLOYER CAN BE CONTACTED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>PART C: VEHICLES (LIST ALL VEHICLES OWNED OR DRIVEN BY YOU.)</b>			
1. YEAR/MAKE/MODEL/COLOR:	MILEAGE:	TAG NUMBER:	OWNER:
		VEHICLE I.D.#:	
2. YEAR/MAKE/MODEL/COLOR:	MILEAGE:	TAG NUMBER:	OWNER:
		VEHICLE I.D.#:	
<b>PART D: MONTHLY FINANCIAL STATEMENT</b>			
NET EARNINGS FROM EMPLOYMENT: _____ <i>(ATTACH PROOF OF EARNINGS)</i>		DO YOU RENT OR HAVE ACCESS TO:      A STORAGE SPACE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER CASH INFLOWS: _____		A POST OFFICE BOX? <input type="checkbox"/> YES <input type="checkbox"/> NO      A SAFE DEPOSIT BOX? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TOTAL MONTHLY CASH INFLOWS: _____		NAME AND ADDRESS OF LOCATION:      BOX No. OR SPACE	
TOTAL MONTHLY CASH OUTFLOWS: _____		_____	
DO YOU HAVE CHECKING ACCOUNT(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO		DOES YOUR SPOUSE, SIGNIFICANT OTHER, OR DEPENDENT HAVE A CHECKING OR SAVINGS	
BANK NAME: _____		ACCOUNT THAT YOU ENJOY THE BENEFITS OF OR MAKE OCCASIONAL CONTRIBUTIONS	
ACCOUNT NO.: _____ BALANCE: _____		TOWARD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU HAVE SAVINGS ACCOUNT(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO		BANK NAME: _____	
BANK NAME: _____		ACCOUNT No.: _____ BALANCE: _____	
ACCOUNT No.: _____ BALANCE: _____			
<i>(ATTACH A COMPLETE LISTING OF ALL OTHER FINANCIAL ACCOUNT INFORMATION IF YOU HAVE MULTIPLE ACCOUNTS.)</i>			
LIST ALL EXPENDITURES OVER \$500 (INCLUDING E.G., GOODS, SERVICES, OR GAMBLING LOSSES)			
<u>DATE</u>	<u>AMOUNT</u>	<u>METHOD OF PAYMENT</u>	<u>DESCRIPTION OF ITEM</u>

**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     IF YES, LIST 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 STATEMENT 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 \_\_\_\_\_

**RECEIVED:**

- MAIL                       OFFICE CONTACT (OC)  
 HOME CONTACT (HC)     COMMUNITY CONTACT (CC)

**REMARKS:**

\_\_\_\_\_  
U.S. PROBATION OFFICER

\_\_\_\_\_  
DATE

**CHECK BOX IF ADDITIONAL FORMS ARE NEEDED:**

- MONTHLY SUPERVISION FORM  
 TRAVEL APPLICATION FORM  
 PAYMENT COUPON

**RETURN FORM TO:**