

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

Name: _____		DOB: _____		Court Name (if different): _____		Probation Officer: _____			
<b>PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement.)</b>									
Street Address, Apt. Number: _____		Own or Rent? _____		Home Phone: _____		Cellular Phone: _____			
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: _____					
<b>PART B: EMPLOYMENT (If unemployed, list source of support under Part D.)</b>									
Name, Address, Phone No. of Employer: _____				Name of Immediate Supervisor: _____		Is your employer aware of your criminal status? <input type="checkbox"/> Yes <input type="checkbox"/> No			
				How many days of work did you miss? _____ Why? _____					
				Position Held: _____		Gross Wages: _____		Normal Work Hours: _____	
Did you change jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No				If changed jobs or terminated, state when and why. _____					
Were you terminated? <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: _____ (Attach Proof of Earnings)				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					
Other Cash Inflows: _____				Name and Address of Location: _____ Box No. or Space _____					
TOTAL MONTHLY CASH INFLOWS: _____				_____					
TOTAL MONTHLY CASH OUTFLOW: _____				_____					
Do you have a checking account(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No				Does your spouse, significant other, or dependant have a checking or savings account that you enjoy the benefits of or make occasional contributions toward?					
Bank Name: _____				<input type="checkbox"/> Yes <input type="checkbox"/> No					
Account No.: _____ Balance _____				Bank Name: _____					
Do you have a savings account(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No				Account No.: _____ Balance: _____					
Bank Name: _____									
Account No.: _____ Balance _____									
Attach a complete listing of all other financial account information, if you have multiple accounts.									
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: \_\_\_\_\_

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 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, 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 Officer

\_\_\_\_\_  
Date