

**UNITED STATES DISTRICT COURT
PROBATION AND PRETRIAL SERVICES
WESTERN DISTRICT OF WISCONSIN**

**Supplemental Monthly Supervision Report
for Persons Charged with or Convicted of Sex Offenses**

Name: _____

Month of: _____

1.	Have you complied with sex offender registration procedures, if applicable? Last time you reported to the SO registration authority: Location:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
2.	Have you slept anywhere other than your reported residence? If yes, list the address, name and ages (dates of birth) of all the other occupants of that residence and explain the circumstances:	<input type="radio"/> Yes <input type="radio"/> No
3.	Have you been at or gone to any location where you viewed, were near and or spoke to, anyone who was and/or appeared to be less than 18 years of age, that you have not reported to your officer and treatment provider?	<input type="radio"/> Yes <input type="radio"/> No
4.	Have you been alone with anyone less than 18 years of age, that you have not reported to the officer and treatment provider? If yes, provide dates and names:	<input type="radio"/> Yes <input type="radio"/> No
5.	Have you consumed any alcohol?	<input type="radio"/> Yes <input type="radio"/> No
6.	Have you maintained, or created, an email address, Facebook, Instagram, Twitter, or any other social network account? If yes, list your user names and passwords for these accounts:	<input type="radio"/> Yes <input type="radio"/> No

7. Have you had any unauthorized access to the internet and/or has someone else accessed the internet on your behalf?	<input type="radio"/> Yes <input type="radio"/> No
8. Do you have internet access at your employment?	<input type="radio"/> Yes
Name of Supervisor:	Phone:
	<input type="radio"/> No
9. Have you viewed any pornography?	<input type="radio"/> Yes <input type="radio"/> No
10. Have you entered any adult sex shops, adult video/bookstores, massage parlors, topless or nude bars and/or clubs, or used any sexually related telephone services?	<input type="radio"/> Yes <input type="radio"/> No
11. Have you taken any medication since your last monthly report?	<input type="radio"/> Yes
If yes, please provide name of medication, prescribing physician, reason for taking:	<input type="radio"/> No
12. Have you entered into or maintained an intimate relationship since you completed your last monthly supervision report?	<input type="radio"/> Yes <input type="radio"/> No
This person's name and date of birth?	
Specifically what have you told this person thus far about your criminal and/or sexual history and how have they responded?	
Does the person have children?	<input type="radio"/> Yes <input type="radio"/> No
If yes, do those children have contact with this person?	<input type="radio"/> Yes <input type="radio"/> No
13. Read all the choices below and select the ONE that best describes your thoughts about sexual activity since you completed your last monthly supervision report.	
<input type="radio"/> I have had NO sexual thoughts or interests	
<input type="radio"/> I seldom had any sexual thoughts or interests	
<input type="radio"/> I often had sexual thoughts, but I manage them adequately	
<input type="radio"/> I have had sexual thoughts that sometimes interfere with getting things done	
<input type="radio"/> I have been thinking about sex too much and I need to get it under control	
<input type="radio"/> I have been thinking about sex constantly and I need help to regain control	

14. What did you do for fun and/or relaxation since you completed your last monthly supervision report? Explain where and with whom?

15. Who are the important people in your life? List:

Warning: Any false statement may result in revocation of supervision & up to 5 years prison, a \$250,000 fine, or both. 18 U.S.C. § 1001.

My signature below affirms all the information I have provided in response to these questions, is true & correct.

Signature:

Completed by

Date: _____

Reviewed by: _____
(USPSO or USPO)

Date: _____