

U.S. PROBATION OFFICE

MONTHLY SUPERVISION REPORT FOR THE MONTH OF _____, _____.

| | |
|-------|----------------------------|
| Name: | Court Name (if different): |
|-------|----------------------------|

PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement)

| | | | |
|--|---|--------------|--------------------|
| Street Address, Apt. Number: | Home Phone: | Pager Phone: | Other Phone: |
| City, State, Zip Code: | Persons Living with you: | | |
| Complex/Subdivision: Own or Rent? | Did you move during the month? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Mailing Address (if different): | If yes, date moved: _____ | | Reason for Moving: |

PART B: EMPLOYMENT (If unemployed, list source of support under Part D)

| | | |
|--|--|--|
| 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 Income: |
| | | Normal Work Hours: |
| Did you change jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No | If changed jobs or terminated, state when and why: | |

PART C: VEHICLES (List all vehicles owned or driven by you)

| | | | |
|---------------------|--------|-------------|--------|
| 1. Year/make/model: | Color: | Tag Number: | Owner: |
| | | | |
| 2. Year/make/model: | Color: | Tag Number: | Owner: |
| | | | |

PART D: MONTHLY FINANCIAL STATEMENT

| | | |
|--|---|-------------------------|
| Net Income From Employment _____ <i>(Attach proof of earnings)</i> | <u>Past Due Debts:</u> | <u>Amount Past Due:</u> |
| Other Income: _____ | | |
| TOTAL MONTHLY INCOME _____ | | |
| TOTAL MONTHLY EXPENSES _____ | | |
| Do you have a checking account? <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have a savings account? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance: _____ | <input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance: _____ | |
| Bank Name: _____ | Bank Name: _____ | |
| Account Number: _____ | Account Number: _____ | |

List all purchases of individual goods or services for which you paid \$500 or more:

| <u>Date</u> | <u>Amount</u> | <u>Method of Payment</u> | <u>Description of Item</u> |
|-------------|---------------|--------------------------|----------------------------|
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