

U.S. PROBATION OFFICE **MONTHLY SUPERVISION REPORT FOR THE MONTH** _____

Name: _____		DOB: _____		Court Name (if different): _____		Probation Officer: _____			
PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement.)									
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? ☐ Yes ☐ No					
Mailing Address (if different): _____		E-Mail Address: _____		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: ☐ Yes ☐ No			
				How many days of work did you miss? _____ Why? _____					
				Position Held: _____		Gross Wages: _____		Normal Work Hours: _____	
Did you change jobs? ☐ Yes ☐ No				If changed jobs or terminated, state when and why. _____					
Were you terminated? ☐ Yes ☐ No									
PART C: VEHICLES (List all vehicles owned or driven by you.)									
1. Year/Make/Model/Color: _____		Mileage: _____		Tag Number: _____		Owner: _____			
				Vehicle I.D.#: _____					
2. Year/Make/Model/Color: _____		Mileage: _____		Tag Number: _____		Owner: _____			
				Vehicle I.D.#: _____					
PART D: MONTHLY FINANCIAL STATEMENT									
Net Earnings from Employment: _____ (Attach Proof of Earnings)				Do you rent or have access to: a post office box? ☐ Yes ☐ No a safe deposit box? ☐ Yes ☐ No a storage space? ☐ Yes ☐ 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)? ☐ Yes ☐ 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? ☐ Yes ☐ No					
Bank Name: _____				Bank Name: _____					
Account No.: _____ Balance _____				Account No.: _____ Balance: _____					
Do you have a savings account(s)? ☐ Yes ☐ No									
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