

UNITED STATES DISTRICT COURT  
Eastern District of North Carolina  
**DEFENDANT INTERVIEW WORKSHEET**  
(See Publication 107/112 for Instruction)

**1. FACESHEET DATA**

Defendant's Court Name:			
Defendant's True Name:			Maiden Name:
Aliases:			
Docket No.:		PACTS No.:	Judge:
PTS USPO:	PTS Interview Date:		Interview Officer:
PSR USPO:	PSR Interview Date:		Interview Officer:
AUSA:		Defense Counsel:	
<b>DEFENDANT'S IDENTIFICATION</b>			
Date of Birth:	Age:	Sex:	Place of Birth:
Citizenship: <input type="checkbox"/> US <input type="checkbox"/> US National <input type="checkbox"/> Naturalized US Citizen <input type="checkbox"/> Unk <input type="checkbox"/> Other Country _____			
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Other      Hispanic Origin: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unknown			
Immigration Status: <input type="checkbox"/> Illegal <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Temp Visa <input type="checkbox"/> Refuge <input type="checkbox"/> Unk			
Alien ID No.:		SSN:	
Marshal's No.:	FBI No.:		Passport No:
Driver's License No(s).:		Other ID No(s).:	
Legal Address: _____ _____ _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>(City)</span> <span>(State)</span> <span>(Zip)</span> </div>			
Time at Address:		Other Occupants:	
Phone: Home		Work	Other
Current Address: _____ _____ _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>(City)</span> <span>(State)</span> <span>(Zip)</span> </div>			

Mailing Address if Different From Legal/Current Address:	
Directions to Residence:	
Contact Person/Telephone No.:	
Safety Issues:	
<b>PRIOR ADDRESSES/OTHER AREAS RESIDED</b>	
Location/Address (include city and state)	Dates of Residence
Where and with whom does the defendant plan to reside upon release?	
<b>2. OFFENSE DATA</b>	
Date of Arrest:	Date of Sentencing:
Date of Conviction:	Count(s) of Conviction:
<input type="checkbox"/> Guilty Plea <input type="checkbox"/> Jury Trial	
Release Status:	Pretrial Officer:

**3. DEFENDANT'S CRIMINAL HISTORY**

(Include arrests in other states)

☐ None
     
 ☐ Upon advice of counsel, the defendant declined to discuss.

Date of Arrest	Age	Offense	Court	Sentence	Attorney Y/N Waived

**PENDING CHARGES AND SUPERVISION STATUS**
☐ No pending charges.

Charge(s)	Court	Docket No.	Next Appearance Date

☐ Not currently under supervision.

☐ On probation.

☐ On parole/supervised release.

Jurisdiction(s) and length of term.

Officer's Name, Number, Location:

#### 4. OFFENDER CHARACTERISTICS

##### PARENTS AND SIBLINGS

List biological parents. If reared by persons other than natural parents, add the surrogate parents' names immediately below the space allocated to Father and Mother. After parents, list all siblings, living and deceased. Denote half and step siblings. List stepparents.

**Verification Source:**

Name:

Relationship:

Date:

Name:

Relationship:

Date:

Name	Relationship	Age	Present Address and Telephone Number	Occupation
	Father			
Current Name: Maiden Name:	Mother			

Notes regarding family history to include any problems such as criminal history, substance abuse, or any other significant information.

**MARITAL STATUS**
☐ Presently single and has no marital history.

<b>Spouse or Domestic Partner</b> (Include Maiden Name)	<b>Date and Place of Marriage</b>	<b>Status</b>	<b>Date of Separation</b>	<b>Date of Divorce</b>	<b>Court Where Divorce Granted</b>	<b>Number of Children</b>

Age and employment status of current spouse:

**CHILDREN**
☐ Never had any children.

<b>Child's Name</b>	<b>Age</b>	<b>Name of Other Parent</b>	<b>Custody/Support</b>	<b>Child's Address and Telephone</b> (if different from defendant)

Note health problems, criminal history, substance abuse, or any significant information about spouse and children.

<b>DEFENDANT'S PHYSICAL CONDITION</b>			
<b>PHYSICAL DESCRIPTION</b>			
Height:	Weight:	Eye Color:	Hair Color:
Tattoos:			
Scars:			
<b>PHYSICAL HEALTH</b>			
<input type="checkbox"/> Healthy and has no history of health problems.			
List the date(s) and nature(s) of any serious or chronic illnesses and medical conditions.			
List all current prescription medications and reason prescribed.			
Provide the name, address, and telephone number of the defendant's physician(s).			
<b>MENTAL AND EMOTIONAL HEALTH</b>			
<input type="checkbox"/> No history of mental or emotional problems and no history of treatment for such problems.			
Describe any past or present mental, emotional, or gambling problems. Include the diagnosis of any problem (if known) and the dates of any treatment. List the name and address of all treatment providers.			

## SUBSTANCE ABUSE

☐ Upon advice of counsel, the defendant declined to discuss.

☐ No history of alcohol or drug use and no history of treatment for substance abuse.

**Check if Substance Abuse Questionnaire completed in lieu of this section (attach to Form 1)** \_\_\_\_\_

Which of the following substances has the defendant used?

\_\_\_\_\_ Alcohol      \_\_\_\_\_ Marijuana      \_\_\_\_\_ Cocaine      \_\_\_\_\_ Crack      \_\_\_\_\_ Heroin/Opiates

\_\_\_\_\_ Amphetamines/Methamphetamine      \_\_\_\_\_ Barbiturates      \_\_\_\_\_ Hallucinogens

\_\_\_\_\_ Inhalants      \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Steroids

Which substance does the defendant prefer? \_\_\_\_\_

Which substance has caused the defendant the most problems? \_\_\_\_\_

Describe in detail the defendant's history of substance abuse and treatment (overdose, daily cost to support habit, frequency and quantity of use, treatment programs, dates, locations, etc.).

<b>EDUCATION AND VOCATIONAL SKILLS</b>				
Highest Grade Completed:				
<b>SCHOLASTIC HISTORY</b>				
Name and Location of School (List most recent school first)	Dates Attended	Degree, Diploma, or Certificate Received		
Specialized training or skill(s)? ____ Yes      ____ No      If yes, what training or skill(s)? _____ _____				
Professional license(s)? ____ Yes      ____ No      If yes, what license(s)? _____ _____ _____				
<input type="checkbox"/> None				
<b>MILITARY</b>				
Branch of Service:	Service Number:	Entered:	Discharged:	Type of Discharge:
Highest Rank:	Rank at Separation:	Decorations and Awards:		VA Claim Number:
Summarize the defendant's military service. Describe any courts martial or non-judicial punishments. Describe any foreign or combat service. Describe any special training or skills acquired in the service. Describe any VA claims.   				



<b>EMPLOYMENT</b>		
Defendant's Present Employer:	Employer's Address:  Telephone:	
Time at Employment:	Occupation:	Full Time or Part Time (circle)
Monthly Gross:	Monthly Net:	Supervisor:
Does employer know? ____ Yes ____ No    Can employer be contacted? ____ Yes ____ No		
<b>EMPLOYMENT HISTORY</b>		
(Describe defendant's employment history for the last 10 years)		
Dates	Name and Address of Employer	Job, Monthly Wage, Reason for Leaving
From:		
To:		
From:		
To:		
From:		
To:		
From:		
To:		
From:		
To:		
From:		
To:		
From:		
To:		
Summarize any employment history more than 10 years old		

**FINANCIAL INFORMATION****(This section is for Pretrial purposes. At Presentence stage, Form 48s are to be used.)**

LIST FINANCIAL ASSETS	LIST FINANCIAL LIABILITIES
<p>CASH ON HAND</p> <p>SAVINGS ACCT(S) _____ \$ _____</p> <p>CHECKING ACCT(S) _____ \$ _____</p> <p>_____ \$ _____</p> <p>IRA'S _____ \$ _____</p> <p>(NOTE OTHER ACCOUNTS BELOW)</p> <p>AUTO: _____ YR _____ \$ _____</p> <p>AUTO: _____ YR _____ \$ _____</p> <p>(NOTE OTHER AUTOS BELOW) \$ _____</p> <p>REAL ESTATE</p> <p>DESCRIPTION (INCLUDE</p> <p>DOWN PAYMENT \$ _____</p> <p>ASSESSED VALUE \$ _____</p> <p>MARKET VALUE \$ _____</p> <p>EQUITY \$ _____</p> <p>(NOTE OTHER REAL ESTATE BELOW)</p> <p>PERSONAL PROPERTY (Jewelry, Collections, etc.) \$ _____</p> <p>LIFE INSURANCE (Surrender Value) \$ _____</p> <p>OTHER ASSETS-INCOME SOURCE \$ _____</p> <p>SPOUSE INCOME \$ _____</p> <p>SPOUSE OCCUPATION _____</p>	<p>MORTGAGE</p> <p>NAME OF BANK OR MORTGAGE _____</p> <p>_____</p> <p>ORIGINAL LOAN _____</p> <p>PRESENT BALANCE _____</p> <p>MONTHLY PAYMENTS _____</p> <p>(NOTE OTHER MORTGAGES _____</p> <p>OUTSTANDING LOAN APPLICATIONS? _____</p> <p>PERSONAL LOANS</p> <p>NAME OF _____</p> <p>ORIGINAL LOAN _____</p> <p>PURPOSE OF LOAN _____</p> <p>PRESENT BALANCE _____</p> <p>MONTHLY PAYMENT _____</p> <p>(NOTE OTHER LOANS _____</p> <p>CREDIT CARDS:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>ALIMONY _____</p> <p>CHILD SUPPORT _____</p> <p>COURT ORDERED OR _____</p> <p>MEDICAL BILLS _____</p> <p>INSURANCE PREMIUMS _____</p> <p>COURT FINES OR RESTITUTION _____</p> <p>RENT _____</p> <p>UTILITIES _____</p> <p>OTHER DEBTS OR MONTHLY _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>EVER FILE FOR BANKRUPTCY? <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>ADDITIONAL DATA</p>	

**ACCEPTANCE OF RESPONSIBILITY**

*(PSI Interview Only)*

☐ Declined to discuss. Will provide a written statement on or before \_\_\_\_\_

Defendant's statement regarding the offense (include signature at end of statement, if desired):

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date

**NOTES:**

CONTINUATION PAGE

## DECLARATION OF DEFENDANT OR OFFENDER NET WORTH & CASH FLOW STATEMENTS

I, \_\_\_\_\_, residing at \_\_\_\_\_,  
in the city (or county) of \_\_\_\_\_, in the state of \_\_\_\_\_,  
have completed the attached ☐ Net Worth Statement (Prob. Form 48) or ☐ Net Worth Short Form Statement (Prob.  
Form 48EZ) and/or ☐ Cash Flow Statement (Prob. Form 48B) that fully describe my financial resources, including a  
complete listing of all assets owned or controlled by me as of this date and any transfers or sales of assets since my arrest.  
The Cash Flow Statement (Prob. Form 48B) also includes my financial needs and earning ability and the financial needs  
and earning ability of my spouse (or significant other) and my dependent(s) living at home.

Net Worth Statement (Total pages, including additional pages \_\_\_\_\_)

Net Worth Short Form Statement (Total pages, including additional pages \_\_\_\_\_)

Cash Flow Statement (Total pages, including additional pages \_\_\_\_\_)

I declare under penalty of perjury that the foregoing is true and correct.

False statements may result in revocation of supervision, in addition to possible prosecution under the provisions of  
18 U.S.C. § 1001, which carries a term of imprisonment of up to 5 years and a fine of up to \$250,000, or both.

\_\_\_\_\_  
(Defendant Signature)

Executed on \_\_\_\_\_  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Last Name	First Name	Middle Name	Social Security Number

### **Instructions for Completing Net Worth Statement**

Having been convicted in the United States District Court, you are required to prepare and file with the probation officer an affidavit fully describing your financial resources, including a complete listing of all assets you own or control as of this date and any assets you have transferred or sold since your arrest. Amendments were made to 18 U.S.C. §§ 3663(a)(1)(B)(i), 3664(d)(3), and 3664(f)(2), and Rule 32(b)(4)(F) to clarify that the assets owned, jointly owned, or controlled by an offender, and liabilities are all relevant to the court's decision regarding the ability to pay. Your Net Worth Statement should include assets or debts that are yours alone (I-Individual), assets or debts that are jointly (J-Joint) held by you and a spouse or significant other, assets or debts that are held by a spouse or significant other (S-Spouse or Significant Other) that you enjoy the benefits of or make occasional contributions toward, and assets or debts that are held by a dependent (D-Dependent) that you enjoy the benefits of or make occasional contributions toward.

If you are placed on probation or supervised release (or other types of supervision), you may be periodically required to provide updated information fully describing your financial resources and those of your dependents, as described above, to keep a probation officer informed concerning compliance with any condition of supervision, including the payment of any criminal monetary penalties imposed by the court (see 18 U.S.C. § 3603).

Please complete the Net Worth Statement in its entirety. You must answer "None" to any item that is not applicable to your financial condition. Attach additional pages if you need more space for any item. All entries must be accompanied by supporting documentation (see Request for Net Worth Statement Financial Records (Prob. 48A)). Initial and date each page (including any attached pages). Also, sign, date, and attach the Declaration of Defendant or Offender Net Worth & Cash Flow Statements (Prob. 48D).

<b>Last Name -</b>								
<b>NET WORTH STATEMENT</b>								
<b>NOTE: I = Individual    J = Joint    S = Spouse/Significant Other    D = Dependent</b>								
<b>Section A</b>	<b>ASSETS</b>							
	<b>BANK ACCOUNTS</b> (Include all personal and businesses checking and savings accounts, credit unions, money markets, certificates of deposit, IRA and KEOGH accounts, ROTH IRA's, Thrift Savings, 401K, etc.)							
	<b>I/J S/D</b>	<b>Name of Institution</b>	<b>Address</b>	<b>Type of Account</b>	<b>Account Number</b>	<b>Personal or Commercial</b>	<b>Balance</b>	
<b>Section B</b>	<b>SECURITIES</b> (Include all stocks in public corporations, stocks in businesses you own or have an interest in, bonds, mutual funds, U.S. Government securities, etc.)							
	<b>I/J S/D</b>	<b>Name and Kind of Security</b>	<b>Location of Security</b>		<b>Number of Units</b>	<b>Fair Market Value</b>		
<b>Section C</b>	<b>MONEY OWED TO YOU BY OTHERS</b> (Include all money owed to you by any person or entity.)							
	<b>I/J S/D</b>	<b>Name and Address of Debtor</b>	<b>Amount Owed to You</b>	<b>Reason Owed to You</b>	<b>Date Money Loaned</b>	<b>Relationship to Debtor (if any)</b>	<b>Monthly Payment or Date Full Payment Expected</b>	<b>Is Debt Collectible ?</b>

Initials \_\_\_\_\_ Date \_\_\_\_\_

<b>Last Name -</b>								
<b>Section D</b>	<b>LIFE INSURANCE</b> (Include type of policy [whole life, variable, or term], face amount [the stated amount of coverage] and cash surrender value [the value of the investment portion of a whole life or variable policy].)							
	<b>I/J S/D</b>	<b>Name and Address of Company and Name of Beneficiary</b>	<b>Policy Number</b>	<b>Type of Policy</b>	<b>Face Amount</b>	<b>Cash Surrender Value</b>	<b>Amount Borrowed</b>	<b>Amount You Can Borrow</b>
<b>Section E</b>	<b>SAFE DEPOSIT BOXES OR STORAGE SPACE FACILITY</b> (Include all safe deposit boxes or storage space you rent or places you have access to in which others are holding assets or items belonging to you.)							
	<b>I/J S/D</b>	<b>Name and Address of Box or Facility Location</b>		<b>Box Number or Space</b>	<b>Contents</b>		<b>Fair Market Value</b>	
<b>Section F</b>	<b>MOTOR VEHICLES</b> (Include all cars, trucks, mobile homes, motorcycles, all terrain vehicles, boats, airplanes, etc.)							
	<b>I/J S/D</b>	<b>Year, Make &amp; License Number/Vehicle Identification Number</b>	<b>Mileage</b>	<b>Loan/Lease Balance (if any)</b>	<b>Date Loan/Lease Will be Paid Off or Ends</b>	<b>Monthly Payment</b>	<b>Fair Market Value</b>	
<b>Section G</b>	<b>REAL ESTATE</b> (Include property, parcels, lots, timeshares, and developed land with buildings.)							
	<b>I/J S/D</b>	<b>Real Estate Address (include county and state)/ Mortgage Company or Lien Holder</b>	<b>Purchase Date</b>	<b>Purchase Price</b>	<b>Mortgage Balance (if any)</b>	<b>Date Mortgage Will be Paid Off</b>	<b>Monthly Payment</b>	<b>Fair Market Value</b>
<b>Section H</b>	<b>MORTGAGE LOANS OWED TO YOU</b> (Include name, address, and relationship [if any] to the mortgagee [the party that bought the real estate you sold and is making payments to you].)							
	<b>I/J S/D</b>	<b>Mortgagee (name &amp; address)/ Relationship to Mortgagee</b>	<b>Mortgage Balance</b>	<b>Date Mortgage Will be Paid Off</b>	<b>Balloon Payment? If Yes, Date?</b>	<b>Monthly Payment</b>	<b>Is Debt Collectible?</b>	



<b>Last Name -</b>								
<b>Section I</b>	<b>OTHER ASSETS</b> (Include any cash on hand, jewelry, art, paintings, coin collections, stamp collections, musical instruments, collectibles, antiques, home furnishings, copyrights, patents, etc.)							
	<b>I/J S/D</b>	<b>Description</b>	<b>Loan Balance (if any)</b>	<b>Date Loan Will be Paid Off</b>	<b>Monthly Payment</b>	<b>Where is Asset Located?</b>	<b>Fair Market Value</b>	
<b>Section J</b>	<b>ANTICIPATED ASSETS</b> (Include any assets you expect to receive or control from lawsuits for compensation or damages, profit sharing, pension plans, inheritance, wills, or as an executor or administrator of any succession or estate.)							
	<b>I/J S/D</b>	<b>Amount Received or Expected to Receive</b>	<b>Date Expected to Receive</b>	<b>Reason You Expect This</b>	<b>Name and Address of Person or Company That Can Verify This (e.g., attorney, financial institution, executor)</b>			
<b>Section K</b>	<b>TRUST ASSETS</b> (Include all trusts in which you are a grantor or donor [the person who establishes the trust], the trustee or fiduciary [who controls the trust assets and income or the beneficiary who has or will receive benefits from the trust].)							
	<b>I/J S/D</b>	<b>Name of Trust/ Taxpayer ID#</b>	<b>Value of Trust</b>	<b>Your Annual Income From Trust</b>		<b>Your Interest in Trust Assets</b>		
<b>Section K</b>	<b>BUSINESS HOLDINGS</b> (Include all businesses in which you have an ownership interest or with which you had an affiliation within the last three years; e.g., self-employed sole proprietor, officer, shareholder, board member, partner, associate, etc.) Complete Section N (attach additional pages, if necessary).							
	<b>I/J S/D</b>	<b>Name and Address of Business/ Taxpayer I.D.#</b>	<b>Type of Business Entity</b>	<b>Industry of Business</b>	<b>Date Business Started</b>	<b>Capital Investment to Start</b>	<b>Your Ownership Interest Percentage</b>	<b>Sale Price or Fair Market Value of Your Interest</b>

Initials \_\_\_\_\_ Date \_\_\_\_\_

<b>Last Name -</b>							
<b>Section L</b>	<b>INCOME TAX RETURNS</b>						
	<b>Type of Income Tax Return Filed</b>			<b>Last Filing Year</b>		<b>Years of Last 5 Income Tax Returns You Will Submit to the Probation Officer</b>	
	Individual (Form 1040)						
	Partnership/Limited Liability Company (Form 1065)						
	Corporation (Form 1120)						
	S Corporation (Form 1120S)						
<b>Section M</b>	<b>TRANSFER OF ASSETS</b> (Include any assets you have transferred or sold since the date of your arrest with a cost or fair market value of more than \$1,000.00. Also list any assets that someone else is holding on your behalf.)						
	<b>I/J S/D</b>	<b>Description of Asset/ Reason Transferred/Sold</b>	<b>Date of Transfer/Sale</b>	<b>Original Cost</b>	<b>Amount You Received, if Any</b>	<b>Name of Purchaser or Person Holding the Asset</b>	<b>Sale Price or Fair Market Value at Transfer</b>
<b>Section N</b>	<b>NAMES OF SHAREHOLDERS OR PARTNERS</b> (Include all shareholders, officers, and/or partners, indicating each respective ownership interest.)						
	<b>Name of Business</b>			<b>Names of Shareholders/Partners</b>			<b>Ownership Interest Percentage</b>

Initials \_\_\_\_\_ Date \_\_\_\_\_

Last Name -			
Section O	ASSETS YOU WILL LIQUIDATE (Include all assets you intend to liquidate to satisfy any criminal monetary penalties that may be imposed.)		
	Asset Description	Estimated Value of Asset	Date You Will Liquidate
	Current Location of Asset (if real property, county and state)		
Section P	PROSPECT OF INCREASE IN ASSETS (Give a general statement of the prospective increase of the value of any asset you own.)		

<b>Last Name -</b>							
Section A	<b>LIABILITIES</b>						
	<b>CHARGE ACCOUNTS AND LINES OF CREDIT</b> (Include all bank credit cards, lines of credit, revolving charge accounts, etc.)						
	<b>I/J S/D</b>	<b>Type of Account or Card</b>	<b>Name and Address of Creditor</b>	<b>Credit Limit</b>	<b>Amount Owed</b>	<b>Credit Available</b>	<b>Minimum Monthly Payment</b>
Section B	<b>OTHER DEBTS</b> (Include mortgage loans, notes payable, delinquent taxes, and child support.)						
	<b>I/J S/D</b>	<b>Owed To</b>	<b>Address</b>	<b>Relationship (if any)</b>	<b>Amount Owed</b>	<b>Reason Owed</b>	<b>Monthly Payment</b>
Section C	<b>PARTY TO CIVIL SUIT</b> (Include any civil lawsuits you have ever been a party to.)						
	<b>I/J S/D</b>	<b>Name of Plaintiff in the Case</b>	<b>Court of Jurisdiction and County</b>	<b>Case Number</b>	<b>Date of Suit Filed</b>	<b>Date of Judgment</b>	<b>Judgment Amount/ Unpaid Balance</b>
Section D	<b>BANKRUPTCY FILINGS</b> (Include information requested for any Chapter 7, 11, or 13 bankruptcy filings you have ever been a party to as an individual or as a business entity.)						
	<b>I/J S/D</b>	<b>Type of Bankruptcy (Voluntary or Involuntary)/ Name and Address of Trustee</b>	<b>Bankruptcy Case Number</b>	<b>Bankruptcy Court of Jurisdiction</b>	<b>County and State of Discharge</b>	<b>Date Filed</b>	<b>Date of Discharge</b>

Signature \_\_\_\_\_ Date \_\_\_\_\_

Last Name	First Name	Middle Name	Social Security Number

## **Instructions for Completing Monthly Cash Flow Statement**

Having been convicted in the United States District Court, you are required to prepare and file with the probation officer a statement fully describing your financial resources, including a complete listing of all monthly cash inflows and outflows.

If you are placed on probation or supervised release (or other types of supervision), you may be periodically required to provide updated information fully describing your financial resources and those of your spouse, significant others, or dependents, as described above, to keep a probation officer informed concerning compliance with any condition of supervision, including the payment of any criminal monetary penalties imposed by the court (see 18 U.S.C. § 3603).

Amendments were made to 18 U.S.C. §§ 3663 (a)(1)(B)(I), 3664(d)(3), and 3664(f)(2), and Rule 32(b)(4)(F) to clarify that the assets owned, jointly owned, or controlled by an offender; liabilities; and the financial needs and earning ability of an offender and an offender's dependents are all relevant to the court's decision regarding an offender's ability to pay. Your Cash Flow Statement should include assets or debts that are yours alone (I-Individual), assets or debts that are jointly (J-Joint) held by you and a spouse or significant other, assets or debts that are held by a spouse or significant other (S-Spouse or Significant Other) that you enjoy the benefits of or make occasional contributions toward, and assets or debts that are held by a dependent (D-Dependent) living in your home that you enjoy the benefits of or make occasional contributions toward.

Please complete the Monthly Cash Flow Statement in its entirety. You must answer "None" to any item that is not applicable to your financial condition. Attach additional pages if you need more space for any item. All entries must be accompanied by supporting documentation (see Request for Cash Flow Statement Financial Records (Prob. 48C)). Initial and date each page (including any attached pages), and sign and date the last page of the Cash Flow Statement.

Last Name - \_\_\_\_\_

## MONTHLY CASH FLOW STATEMENT

### Monthly Cash Inflows

Defendant	Gross	Net
<b>Your Salary/Wages</b> (List both monthly gross earnings and take-home pay after payroll deductions.)		
<b>Your Cash Advances</b> (List all payroll advances or other advances from work.)		
<b>Your Cash Bonuses</b> (List all payments from work in addition to your salary that are not an advance.)		
<b>Commissions</b> (List all non-employee earnings as an independent contractor.)		
<b>Business Income</b> (List both monthly gross income and net income after deducting expenses.)		
<b>Interest</b> (List all interest earned each month.)		
<b>Dividends</b> (List all dividends earned each month.)		
<b>Rental Income</b> (List all monthly income received from real estate properties owned.)		
<b>Trust Income</b> (List all trust income earned each month.)		
<b>Alimony/Child Support</b> (List all alimony or child support payments received each month.)		
<b>Social Security</b> (List all payments received from Social Security.)		
<b>Other Government Benefits</b> (List all amounts received from the government not yet reported [e.g., food stamps and unemployment compensation].)		
<b>Pensions/Annuities</b> (List all funds received from pensions and annuities each month.)		
<b>Allowances-Housing/Auto/Travel</b> (List all funds received from housing allowances, auto allowances, travel allowances, and any other kind of allowance.)		
<b>Gratuities/Tips</b> (List all gratuities and tips received each month from any and all sources.)		
<b>Spouse/Significant Other Salary/Wages</b> (List all gross and net monthly salary and wages received by your spouse or significant other.)		
<b>Other Joint Spousal Income</b> (List any monthly income jointly earned with your spouse or significant other [e.g., any income from spouse or income from a business owned or operated by the spouse that you have a joint ownership interest in or control].)		
<b>Income of Other In-House</b> (List all monthly income of others living in the household or the monthly amount actually paid for household bills by these persons.)		
<b>Gifts from Family</b> (List all amounts received as gifts from family members each month.)		
<b>Gifts From Others</b> (List all gifts received from any sources not yet reported.)		
<b>Loans From Your Business</b> (List all loan amounts received each month from all businesses owned or controlled by you.)		
<b>Mortgage Loans</b> (List all amounts received each month from mortgage loans owed to you.)		
<b>Other Loans</b> (List all other loan amounts received each month not yet reported.)		
<b>Other</b> (specify) (List all other amounts received each month not yet reported.)		
<b>TOTALS</b>		

<b>Last Name -</b>	
<b>Necessary Monthly Cash Outflows</b>	
	<b>Amount</b>
<b>Rent or Mortgage</b> (List monthly rental payment or mortgage payment.)	
<b>Groceries</b> (List the total monthly amount paid for groceries and the number of people in your household.) #	
<b>Utilities</b> (List the monthly amount paid for electric, heating oil/gas, water/sewer, telephone, and basic cable.)	
<b>Electric</b>	
<b>Heating Oil/Gas</b>	
<b>Water/Sewer</b>	
<b>Telephone</b>	
<b>Basic Cable</b> (no premium channels)	
<b>Public Transportation</b> (List the monthly amount paid for public transportation.)	
<b>Car Payments</b> (List all payments made to purchase or lease vehicles.)	
<b>Commuting Expenses</b> (List the monthly amount paid for gasoline, tolls, etc.)	
<b>Auto Insurance</b> (List the monthly amount paid for auto insurance.)	
<b>Health Insurance</b> (List the monthly amount paid for health insurance.)	
<b>Homeowner/Rental Insurance</b> (List the monthly amount paid for homeowner/rental insurance.)	
<b>Clothing</b> (List the monthly amount actually paid for clothing.)	
<b>Loan Payments</b> (List all monthly amounts paid toward verified loans, other than loans to family members, which are non-allowable expenses.)	
<b>Credit Card Payments</b> (List all minimum monthly credit card or charge card payments.)	
<b>Medical</b> (List all expenses not covered by insurance.)	
<b>Alimony/Child Support</b> (List all alimony or child support payments made each month.)	
<b>Criminal Monetary Penalty</b> (List all monthly payments for court-ordered criminal monetary penalties.)	
<b>Court-Ordered Costs</b> (List the total monthly payments made for location monitoring and drug and mental health treatment.)	
<b>Other</b> (specify) (List all other necessary monthly amounts paid each month not yet reported.)	
<b>Other Factors That May Affect Monthly Cash Flow</b> (Describe)	
<b>TOTAL</b>	
<b>NET MONTHLY CASH FLOW: \$</b> (CASH INFLOWS LESS NECESSARY CASH OUTFLOWS)	
<b>MONTHLY CRIMINAL MONETARY PENALTY PAYMENT: \$</b>	
<b>PROSPECT OF INCREASE IN CASH INFLOWS</b> (Give a general statement of the prospective increase of the value of any cash inflows reported.)	

Signature \_\_\_\_\_

Date \_\_\_\_\_

**UNITED STATES PROBATION OFFICE**  
**EASTERN DISTRICT OF NORTH CAROLINA**

Chief U.S. Probation Officer



Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION**

Name: \_\_\_\_\_ PACTS #: \_\_\_\_\_  
SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race/Sex: \_\_\_\_\_ / \_\_\_\_\_  
Address: \_\_\_\_\_  
Other Names including Maiden Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

This documentation is to serve as my request for information as provided by the FREEDOM OF INFORMATION ACT and release of information as required by the PRIVACY ACT OF 1974 and the FINANCIAL PRIVACY ACT of 1978. Having been convicted in the U.S. District Court, in accordance with Rule 32(d)(2)(A) through (G) of the Federal Rules of Criminal Procedure and 18 U.S.C. § 3664(D)(3), **by my signature below, I hereby authorize release to the United States Probation Office those confidential records and information pertaining to me for the purpose of assisting with court proceedings as designated below by my initials (items not initialed are considered surplusage) :**

\_\_\_\_\_ Educational records and information contained in permanent school records pursuant to the provisions of 34 CFR § 99  
(state name of institution) \_\_\_\_\_ ,  
(state date(s) of graduation or attendance) \_\_\_\_\_ .

Medical records of a **physical health nature**, including (state nature of information) \_\_\_\_\_  
as administered by (state name/institution holding records) \_\_\_\_\_  
between the dates of \_\_\_\_\_ and \_\_\_\_\_ pursuant to the provisions of 5 U.S.C. § 552a, 20 CFR § 401 and 42 CFR § 2.

Medical records of a **psychological/psychiatric nature**, including (state nature of information) \_\_\_\_\_  
as administered by (state name/institution holding records) \_\_\_\_\_  
between the dates of \_\_\_\_\_ and \_\_\_\_\_ pursuant to the provisions of 5 U.S.C. § 552a, 20 CFR § 401 and 42 CFR § 2.

Medical records of a **alcohol/drug treatment nature**, including (state nature of information) \_\_\_\_\_  
as administered by (state name/institution holding records) \_\_\_\_\_  
between the dates of \_\_\_\_\_ and \_\_\_\_\_ pursuant to the provisions of 5 U.S.C. § 552a, 20 CFR § 401 and 42 CFR § 2.

\_\_\_\_\_ Employment records including but not limited to dates of employment, salary and compensation, work performance and reason for termination.

\_\_\_\_\_ All government (federal, state and local) information to include military service records, birth/marriage/divorce records, child support records, and immigration and naturalization records. I also authorize the Social Security Administration to release all employment earnings and income information related to me as well as any benefit/disability information.

\_\_\_\_\_ Financial records including but not limited to charge accounts, loans, bank accounts, securities, real estate, life insurance, motor vehicles, lines of credit (including credit bureau reports), trusts and any other assets or liabilities in which I have interest.

**APPLICABLE TO ALL RECORD AUTHORIZATIONS:** Original authorizations, or copies, will remain in force for a period not to exceed one (1) year from the date of my signature below. I understand that I may revoke the authorization of release of records at any time. Revocation of this authorization requires a written request submitted by me to the individual/institution holding/disseminating records. I understand that any action taken on this authorization prior to the rescinded date is legal and binding and that this document releases all participants from liability in the product or release of information. I understand that once the information is disclosed, it may be re-disclosed by the recipient and federal and/or state privacy laws may not protect the re-disclosure. I also understand that the health information may include that which relates to sexually transmitted diseases, AIDS, HIV, mental health services, and/or treatment for alcohol and drug abuse. **Signature of Person Authorizing**

**NOTE:** The individual authorizing disclosure of information permits the use of photostatic and tele-faxed copies of this release in lieu of the original. The U.S. Probation Office is not able to provide reimbursement for photocopies submitted by agencies in response to any requests for information.

\_\_\_\_\_  
Signature of Person Authorizing Disclosure (and relationship if not the subject of records) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Witness / United States Probation Officer \_\_\_\_\_ Date \_\_\_\_\_



# Request for Transcript of Tax Return

- ▶ **Do not sign this form unless all applicable lines have been completed.**  
▶ **Request may be rejected if the form is incomplete or illegible.**  
▶ **For more information about Form 4506-T, visit [www.irs.gov/form4506t](http://www.irs.gov/form4506t).**

OMB No. 1545-1872

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

**Caution:** If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

**6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ \_\_\_\_\_

**a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . . ☐

**b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days . . . ☐

**c Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days . . . . . ☐

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . . ☐

**8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . . ☐

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

/	/	/	/
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**Caution:** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

<input type="checkbox"/> <b>Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T.</b> See instructions.	Phone number of taxpayer on line 1a or 2a
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>Signature</b> (see instructions)         </div> <div style="width: 40%;">           Date         </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)         </div> <div style="width: 40%;">           Date         </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>Spouse's signature</b> </div> <div style="width: 40%;">           Date         </div> </div>	

**Sign Here**

Section references are to the Internal Revenue Code unless otherwise noted.

## Future Developments

For the latest information about Form 4506-T and its instructions, go to [www.irs.gov/form4506t](http://www.irs.gov/form4506t). Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

## General Instructions

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

**Note:** If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

## Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

### If you filed an individual return and lived in:

#### Mail or fax to:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	512-460-2272
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999
	816-292-6102

## Chart for all other transcripts

### If you lived in or your business was in:

#### Mail or fax to:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	801-620-6922
	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
	859-669-3592

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 3.** Enter your current address. If you use a P.O. box, include it on this line.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note:** If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



**You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.**

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Note:** If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

**Signature by a representative.** A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

### Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service  
Tax Forms and Publications Division  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.



### Verification Request for GED® Test Scores: 1942 – 2001

Please read the following information before completing and submitting this verification request form.

- Please use this *Verification Request for GED® Test Scores: 1942 – 2001* form.
- You may include the student's signature on your company's release form, but do not attach any other pages.
- Do not send multiple requests of verification for the same individual.
- Allow 10-25 business days to process requests: Verifications will be returned via the FAX number you provide below.
- Originating fax machines provide confirmation of a successful transmission.
- We provide GED® verifications free of charge for test scores from 1942 – 2001.
- The student's signature and full Social Security Number are required. Not providing all requested information will delay processing.
- NC Adult High School transcripts are obtained from the college where the diploma was awarded; not the HSE Records Office.
- Please send this form **WITHOUT** a coversheet via mail or fax to the NCCCS HSE Records Office:

**5016 Mail Service Center Raleigh, NC 27699-5016 • FAX (919) 807-7172 or (919) 807-7164**

**To obtain a GED® verification for a credential received in the military prior to September 1974, please contact:  
DANTES Test Control 1.877.471.9860**

**As of June 1, 2014, we are unable to provide verifications for GED® Test Scores from 2002-2014**

For verifications from 2002-2014, please go to: <http://exchange.parchment.com/ged-receiver-registration-page>

Student Information	
Name	Name used during testing (maiden name, etc.)
Student's Current Mailing Address	Date of Birth
Student's Current City, State and ZIP Code	Where did student test? (NC Community College, etc.)
Full Social Security Number	Student's Daytime Contact Telephone Number
What is the approximate year student tested?	Student's Signature

Agency/Person Requesting Verification	
Person Requesting Verification	
Title	
Contact Phone Number	
FAX Number	
Official GED® Verification	
GED® Diploma Issue Date	
Verified by:	
Dated Verified	