

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

\_\_\_\_\_ , 20 \_\_\_\_\_

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: _____	Pager: _____
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: _____		

**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 Wages: _____
		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: _____	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? <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 Bank Name: _____ Account No.: _____ Balance _____ Do you have a savings account(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Bank Name: _____ Account No.: _____ Balance _____	
Attach a complete listing of all other financial account information, if you have multiple accounts.	
Does your spouse, significant other, or dependant have a checking or savings account that you enjoy the benefits of or make occasional contributions toward? <input type="checkbox"/> Yes <input type="checkbox"/> No Bank Name: _____ Account No.: _____ Balance: _____	

List all expenditures over \$500 (including, e.g., goods, services, or gambling losses)

Date	Amount	Method of Payment	Description of Item
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PART E: COMPLIANCE WITH CONDITIONS OF SUPERVISION DURING THE PAST MONTH**

Were you questioned by any law enforcement officers? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, date: _____  Agency: _____  Reason: _____	Were you arrested or named as a defendant in any criminal case? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, date: _____  Court: _____  Disposition: _____	Was anyone in your household arrested or questioned by law enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, whom? _____  Reason: _____  Disposition: _____
---	---

Did you have any contact with anyone having a criminal record? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, whom? _____	Did you possess or have access to a firearm? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, why? _____
---	--

Did you possess or use any illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, type of drug: _____	Did you travel outside the district without permission? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No  Number of hours completed this month: _____  Number of hours missed: _____  Balance of hours remaining: _____	Do you have drug, alcohol, or mental health aftercare? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, did you miss any sessions during this month? <input type="checkbox"/> Yes <input type="checkbox"/> No  Did you fail to respond to phone recorder instructions? <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____        U.S. Probation Officer _____                      Date _____	RECEIVED:  _____ Mail                      _____ OC _____ HC                      _____ CC  RETURN TO: _____
--	---