

**U.S. PROBATION OFFICE**  
**MONTHLY SUPERVISION REPORT FOR THE MONTH \_\_\_\_\_, 20 \_\_\_\_.**

Name:		Court Name (if different):		
<b>PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement.)</b>				
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:	
<b>PART B: EMPLOYMENT (If unemployed, list source of support under Part D.)</b>				
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:		
<b>PART C: VEHICLES (List all vehicles owned or driven by you.)</b>				
1. Year/Make/Model/Color:	Mileage:	Tag Number:	Owner:	
		Vehicle I.D.#:		
2. Year/Make/Model/Color:	Mileage:	Tag Number:	Owner:	
		Vehicle I.D.#:		
<b>PART D: MONTHLY FINANCIAL STATEMENT</b>				
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 OUTFLOWS: _____		_____		
Do you have checking <input type="checkbox"/> Yes <input type="checkbox"/> No Bank Name: _____ Account _____ Balance: _____ Do you have savings <input type="checkbox"/> Yes <input type="checkbox"/> No Bank Name: _____ Account _____ Balance: _____ Attach a complete listing of all other financial account information, if you 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)				
<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: \_\_\_\_\_

Do you have any contact with anyone having a criminal record?

☐ Yes ☐ No

If yes, whom? \_\_\_\_\_

Do 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  
OF PROBATION, SUPERVISED RELEASE, OR PAROLE, IN ADDITION  
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