## 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: Pager:	
City, State, Zip Code:	Persons Living With You:	
Secondary Residence: Own or Rent?	Did you move during the month? Yes No	
Mailing Address ( <i>if different</i> ): 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   Were you terminated? Yes 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:	Do you rent or have access to: a post office box? Yes No a safe deposit box? Yes No	
(Attach Proof of Earnings)	a post office box? $\square$ res $\square$ No a safe deposit box? $\square$ res $\square$ No a storage space? $\square$ Yes $\square$ 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	
Bank Name:BalanceBalance	account that you enjoy the benefits of or make occasional contributions toward?	
Do you have a savings account(s)? Yes No	Yes No	
Bank Name:	Bank Name:	
Attach a complete listing of all other financial account information, if you have multiple accounts.	Account No.: Balance:	
List all expenditures over \$500 (including, e.g., goods, services, or gamblin <u>Date</u> <u>Amount</u> <u>Method</u>	d of Payment Description of Item	

SPROB 8 (Rev. 7/04)

PART E: COMPLIANCE WITH CONDITIONS OF SUPERVISION DURING THE PAST MONTH	
Were you questioned by any law enforcement officers?	Were you arrested or named as a defendant in any criminal case?
If yes, date:	If yes, when and where?
Agency:	Charges:
Reason:	Disposition:
(Attach copy of citation, receipt, charges, disposition, etc.)	
Were any pending charges disposed of during the month?	Was anyone in your household arrested or questioned by law enforcement?
Yes No	Yes No
If yes, date:	If yes, whom?
Court:	Reason:
Disposition:	Disposition:
Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?
If yes, whom?	If yes, why?
Did you possess or use any illegal drugs?	Did you travel outside the district without permission?
Yes No	Yes No
If yes, type of drug:	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?	Do you have drug, alcohol, or mental health aftercare?
Number of hours completed this month:	If yes, did you miss any sessions during this month?
Number of hours missed:	Did you fail to respond to phone recorder instructions?
Balance of hours remaining:	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.	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT.
(18 U.S.C. § 1001)	SIGNATURE DATE
REMARKS:	RECEIVED:
	Mail OC
	HCCC
	RETURN TO:
U.S. Probation Officer Date	