



**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