

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH _____, 20____

Name:	DOB:	Court Name (if different):	Probation Officer:
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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?	
PHONE:	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

<p>Net Earnings from Employment: _____ (Attach Proof of Earnings)</p> <p>Other Cash Inflows: _____</p> <p>TOTAL MONTHLY CASH INFLOWS: _____</p> <p>TOTAL MONTHLY CASH _____</p>	<p>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</p> <p>Name and Address of Location: _____ Box No. or Space _____</p>
<p>Do you have a checking account(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Bank Name: _____ Account No.: _____ Balance _____</p> <p>Do you have a savings account(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Bank Name: _____ Account No.: _____ Balance _____</p> <p>Attach a complete listing of all other financial account information, if you have multiple accounts.</p>	<p>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</p> <p>Bank Name: _____ Account No.: _____ Balance: _____</p>

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?
 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:

U.S. Probation Officer _____ Date _____

RECEIVED:

Mail _____ OC

HC _____ CC

RETURN TO:
**112 FEDERAL BUILDING
339 BROADWAY
CAPE GIRARDEAU, MO 63701-7375
573-334-0845 (FAX)**

