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

Name		Court Name (<i>if different</i>):				
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? 9 Yes 9 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 S	upervisor: Is your employer aware of your criminal status: 9 Yes 9 No				
		How many days of work did you miss? Why?				
		Position Held:	Gross Wage	s:	Normal Work Hours:	
Did you change jobs?9 Yes9 NoWere you terminated?9 Yes9 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 FIN					
Net Earnings from Employment: (<i>Attach Proof of Earnings</i>)	Do you rent or have access to: a post office box? 9 Yes 9 No a safe deposit box? 9 Yes 9 No a storage space? 9 Yes 9 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 account(s)? Bank Name:	Does your spouse, significant other, or dependant have a checking or savings account that you enjoy the benefits of or make occasional contributions toward?					
Account No: Do you have savings account(s)? 9 Ye	9 Yes 9 No Bank Name:					
Bank Name: Account No: Attach a complete listing of all other fina multiple accounts.	Account No: Balance:					
List all expenditures over \$500 (including e.g., goods, services, or gambling losses) Date Amount		Method of Payment			Description of Item	

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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? 9 Yes 9 No			
9 Yes 9 No				
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? 9 Yes 9 No	Was anyone in your household arrested or questioned by law enforcement? 9 Yes 9 No			
	<i>"</i>			
If yes, date:	If yes, whom?			
Court:	Reason:			
Disposition:	Disposition:			
Do you have any contact with anyone having a criminal record?	Do you possess or have access to a firearm?			
9 Yes 9 No	9 Yes 9 No			
If yes, whom?	If yes, why?			
Did you possess or use any illegal drugs?	Did you travel outside the district without permission?			
9 Yes 9 No	9 Yes 9 No			
If yes, type of drug:	If yes, when and where?			
Do you have a special assessment, restitution, or fine? 9 Yes 9 No	D 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?			
9 Yes 9 No	9 Yes 9 No			
Number of hours completed this month:	If yes, did you miss any sessions during this month? 9 Yes 9 No			
Number of hours missed:	Did you fail to respond to phone recorder instructions?			
Balance of hours remaining:	9 Yes 9 No			
	If yes, why?			
WARNING: ANY FALSE STATEMENTS MAY RESULT IN REVOCATION OF	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND			
PROBATION, SUPERVISED RELEASE, OR PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A \$250.000 FINE, OR BOTH.	CORRECT.			
(18 U.S.C. § 1001)				
(SIGNATURE DATE			
REMARKS:	RECEIVED			
	MailOC			
	нссс			
	RETURN TO:			
U.O. Dash stigar Officer				
U.S. Probation Officer Date				