PROB 8
(Rev. 6/91)

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF _____, 19 ____

Name:	Court Name *(if different)*:

PART A: RESIDENCE *(If new address, attach copy of lease/purchase agreement)*

Street Address, Apt. Number:	Home Phone: Pager Phone: Other Phone:
City, State, Zip Code:	Persons Living with you:
Complex/Subdivision: Own or Rent?	Did you move during the month? ☐ Yes ☐ No
Mailing Address *(if different)*:	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 Income: / 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:	Tag Number:	Owner:
2. Year/make/model:	Color:	Tag Number:	Owner:

PART D: MONTHLY FINANCIAL STATEMENT

		Past Due Debts:	Amount Past Due:
Net Income From Employment *(Attach proof of earnings)*	_____		
Other Income:	_____		
TOTAL MONTHLY INCOME	_____		
TOTAL MONTHLY EXPENSES	_____		

Do you have a checking account? ☐ Yes ☐ No	Do you have a savings account? ☐ Yes ☐ No
☐ Individual ☐ Joint Balance: _____	☐ Individual ☐ Joint Balance: _____
Bank Name: _____	Bank Name: _____
Account Number: _____	**Account Number:** _____

List all purchases of individual goods or services for which you paid $500 or more:

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 & 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:

Mail _____ OC

_____ HC CC

RETURN TO:

_____ U.S. Probation Officer Date