

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?	
_____	Position Held:	Gross Wages:
		Normal Work Hours:
Did you change jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If changed jobs or terminated, state when and why.	
Were you terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

List all expenditures over \$500 (including, e.g., goods, services, or gambling losses)

<u>Date</u>	<u>Amount</u>	<u>Method of Payment</u>	<u>Description of Item</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

