NOTE: This report must <u>not</u> be completed before the 1st of each month, and is due in our office no later than the 5th of the month.

## U.S. PROBATION OFFICE MONTHLY SUPERVISION REPORT FOR THE MONTH

Name:	DOB:	Court Name (if different	t):		Probation Officer:
	PART A: RESIDENCE (If new ac	ddrass attach conv of lags	a/nurahasa a	graamant)	
Street Address, Apt. Number:	Own or Rent?	Home Phone:		llular Phone:	Pager:
					C
City, State, Zip Code:		Persons Living With Yo	ou:		
Secondary Residence:	Own or Rent?	Did you move during th	ne month?	Yes	No
M-:1: A 11 (:f 1:ff)	E-Mail Address:	I.G d			Darrag fan Marinas
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 sta	atus: Yes No
		How many days of work did you miss? Why?			
			J		
		Position Held:	Gross Wa	iges:	Normal Work Hours:
				1	
Did you change jobs? Yes Were you terminated? Yes	If changed jobs or terminated, state when and why.				
Were you terminated? Yes No  PART C: VEHICLES (List all vehicles owned or driven by you.)					
Year/Make/Model/Color:	Mileage:	Tag Number:	. trest by your	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: (Attach Proof of Earnings)	Do you rent or have access to: a post office box?				
	a storage space? Yes No				
Other Cash Inflows:	Name and Address of Location: Box No. or Space				
TOTAL MONTHLY CASH INFLO	-				
TOTAL MONTHLY CASH OUTF					
Do you have a checking account(s)?	D	: C + 1	1 1 1		
Bank Name: Account No.:	Does your spouse, significant other, or dependant have a checking or savings account that you enjoy the benefits of or make occasional contributions toward?				
Do you have a savings account(s)?	Yes No				
Bank Name:	Bank Name:				
Attach a complete listing of all other					
have multiple accounts.	Account No.:			Balance:	
List all expenditures over \$500 (including, e.g., goods, services, or gambling  Date Amount Method		ng losses) d of Payment		Descrip	tion of Item
<u> </u>	- Interior	<u>. 0.2.2 u jinoni</u>		Descrip	WALL OF TOTAL
		<del></del>			

♠PROB 8 (Rev. 7/04)

PART E: COMPLIANCE WITH CONDITIONS	OF SUPERVISION DURING THE PAST MONTH				
Were you questioned by any law enforcement officers?  Yes No	Were you arrested or named as a defendant in any criminal case?  Yes No				
If yes, date:	If yes, when and where?				
Agency:	Charges:				
Reason:	Disposition:				
(Attach conv of citation, red	 eeipt, charges, disposition, etc.)				
Were any pending charges disposed of during the month?  Yes No	Was anyone in your household arrested or questioned by law enforcement?  Yes No				
If yes, date:	If yes, whom?				
Court:	Reason:				
Disposition:	Disposition:				
Did you have any contact with anyone having a criminal record?  Yes No	Did you possess or have access to a firearm?  Yes No				
If yes, whom?	If yes, why?				
Did you possess or use any illegal drugs?  Yes No	Did you travel outside the district without permission?  Yes No				
If yes, type of drug:	If yes, when and where?				
Do you have a special assessment, restitution, or fine?	o If yes, amount paid during the month:				
Special Assessment: Restitution:	Fine:				
NOTE: ALL PAYMENTS TO BE MADE BY MONEY ORDER (POSTAL O	OR BANK) OR CASHIER'S CHECK ONLY.				
·	Do you have drug, alcohol, or mental health aftercare?				
Do you have community service work to perform?  Yes No	Yes No				
Number of hours completed this month:	If yes, did you miss any sessions during this month?				
	☐ Yes ☐ No				
Number of hours missed:	Did you fail to respond to phone recorder instructions?				
	☐ Yes ☐ No				
Balance of hours remaining:	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.	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT.				
(18 U.S.C. § 1001)	SIGNATURE DATE				
REMARKS:	RECEIVED:				
	MailOC				
	HCCC				
	RETURN TO:				
U.S. Probation Officer Date					
O.O. I Touditon Officer Date					