## U.S. PROBATION OFFICE MONTHLY SUPERVISION REPORT FOR THE MONTH OF \_\_\_\_\_\_, 20 \_\_\_\_\_

Name: DOB:		Court Name ( <i>if different</i> ):			Probation Officer:	
PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement.)						
Street Address, Apt. Number: Own or Rent?		Primary Phone: Did your phone number change? Yes or No				
City, State, Zip Code:		Persons Living With You:				
Secondary Residence: Own or Rent?		Did you move during the month?  Yes 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:					Is your employer aware of your criminal status: Yes No	
		How many days of wor	rk did vou mis	ss?	Whv?	
		Position Held:	Gross Wage	es:	Normal Work Hours:	
Did you change jobs?YesWere you terminated?Yes	□ No □ 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:	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:		Do you rent or have access to:				
(Attach Proof of Earnings)		a post office box? Yes No a safe deposit box? Yes No a storage space? Yes No				
Other Cash Inflows:		Name and Address of Location: Box No. or Space				
TOTAL MONTHLY CASH INFLO						
TOTAL MONTHLY CASH OUTFLOW:						
Do you have a checking account(s)?  Yes No 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.: Balance Bal		Yes No				
Bank Name:Balance		Bank Name:				
	r financial account information, if you	Account No.:			Balance:	
List all expenditures over \$500 (inc <u>Date</u>	g losses) l 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?				
	If yes, when and where?				
	Charges:				
Agency:	Disposition:				
	eipt, charges, disposition, etc.)				
Were any pending charges disposed of during the month?	Was anyone in your household arrested or questioned by law enforcement?				
If yes, date:	If yes, whom?				
Court:	Reason:				
Disposition:	Disposition:				
Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?				
If yes, whom?	If yes, why?				
Did you possess or use any illegal drugs?	Did you travel outside the district without permission?				
Yes No	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 C	R BANK) OR CASHIER'S CHECK ONLY.				
Do you have community service work to perform?	Do you have drug, alcohol, or mental health aftercare?				
$\Box$ Yes $\Box$ No	□ Yes □ No				
Number of hours completed this month:	If yes, did you miss any sessions during this month?				
Number of hours missed:	Did you fail to respond to phone recorder instructions?				
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					