

**U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH _____**

Name: _____	DOB: _____	Court Name (if different): _____	Probation Officer: _____
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: _____
Did you change jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you terminated? <input type="checkbox"/> Yes <input type="checkbox"/> 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 FINANCIAL STATEMENT			
Net Earnings from Employment: _____ <i>(Attach Proof of Earnings)</i>		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	
Other Cash Inflows: _____		Name and Address of Location: _____ Box No. or Space _____	
TOTAL MONTHLY CASH INFLOWS: _____		_____	
TOTAL MONTHLY CASH OUTFLOW: _____		_____	
Do you have a checking account(s)? <input type="checkbox"/> Yes <input type="checkbox"/> 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?	
Bank Name: _____ Account No.: _____ Balance _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a savings account(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Bank Name: _____	
Bank Name: _____ Account No.: _____ Balance _____		Account No.: _____ Balance: _____	
Attach a complete listing of all other financial account information, if you have multiple accounts.			
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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

