

**PRETRIAL SERVICES SUPERVISION REPORT**

Name: \_\_\_\_\_

Telephone # \_\_\_\_\_

Cellphone # \_\_\_\_\_

E-mail \_\_\_\_\_

1. **HAVE YOU BEEN QUESTIONED OR ARRESTED BY LAW ENFORCEMENT SINCE YOUR LAST REPORT?** [ ] YES [ ] NO

If YES, please explain when, where, by whom and outcome:

\_\_\_\_\_  
\_\_\_\_\_

2. **Home address** \_\_\_\_\_  
(Address including apartment #, City, Zipcode)

Is this address different from your last report? [ ] YES [ ] NO

3. **Employment** \_\_\_\_\_  
(Employer name and address)

**Job Title** \_\_\_\_\_

Has your place of employment changed since your last report? [ ] YES [ ] NO

4. **Have you possessed any firearms and/or dangerous devices since your last report and/or are there any firearms/dangerous devices at your residence?** [ ] YES [ ] NO

If YES, please see your officer today or in their absence the duty officer.

5. **Have you traveled outside of the Western District of New York since your last report?** [ ] YES [ ] NO  
(If you are unsure as to the boundaries, speak with your officer immediately.)

If YES, please indicate where you traveled and your activity while gone.

\_\_\_\_\_  
\_\_\_\_\_

6. **When is your next Court date?** \_\_\_\_\_

**I CERTIFY THAT ALL ANSWERS ARE COMPLETE AND CORRECT. I UNDERSTAND THAT A FALSE STATEMENT MAY RESULT IN THE REVOCATION OF MY RELEASE, IN ADDITION TO PROSECUTION UNDER TITLE 18, U.S.C., SECTION 1001.**

Signature \_\_\_\_\_

\_\_\_\_\_ Date

If requested, mail to: **U.S. Probation and Pretrial Services  
Robert H. Jackson U.S. Courthouse  
2 Niagara Square  
Buffalo, NY 14202**

\_\_\_\_\_  
Reviewed by USPO