

**U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF _____, 20____
(Activities for the Previous Month)**

Name: _____	Aliases Used, Street Name _____
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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: _____	Other: _____
City, State, Zip Code: _____		Full Names of all Persons Living with you and their relationship to you: _____		
Mailing Address: (if different) _____				

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: _____	Hourly Wage: _____	Normal Shift/Work Hours: _____

Did you change jobs? Yes No

Were you terminated? Yes No Record when and why: _____

PART C: VEHICLES (List all vehicles owned or driven by you):

1. Year/make/model: _____	Color: _____	Tag Number: _____	Owner: _____
2. Year/make/model: _____	Color: _____	Tag Number: _____	Owner: _____

PART D: MONTHLY FINANCIAL STATEMENT

Gross Monthly Income From Employment (Attach proof of earnings i.e. ALL paystubs) _____ Other Income (ex: SSD/SSI): _____ TOTAL MONTHLY INCOME _____ TOTAL MONTHLY EXPENSES _____ List any Public Assistance in the amounts received (i.e. cash, food stamps, rent vouchers, etc) _____	Do you own, rent, maintain, 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 additional housing? <input type="checkbox"/> Yes <input type="checkbox"/> No Name and Address of Location, Space or Box No.: _____ _____ _____
Do you have a Checking Account(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Bank Name: _____ Do you have a Savings Account(s)? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Bank Name: _____ Account Number: _____ Balance: _____

List all expenditures over \$500 made for the month (i.e. goods, services, gambling losses, etc.)

Date	Amount	Method of Payment	Description of Item

*****THIS REPORT MUST BE RECEIVED BY THE 5TH OF EACH MONTH!*****

Do not leave any section blank. If something does not apply please write N/A

PART E: COMPLIANCE WITH CONDITIONS OF SUPERVISION DURING THE PAST MONTH

You are required to report all law enforcement contact to your assigned officer within 72 hours of occurrence. Were you questioned by any law enforcement officers within the past month?
 Yes No

If yes, date: _____

Agency: _____

Reason: _____

Were you arrested or named as a defendant in any criminal cases?
 Yes No

If yes, when and where? _____

Charges: _____

Disposition: _____

(Attach copy of citation, receipt, charges, disposition, etc.)

Were any pending charges disposed of during the month?
 Yes No

If yes, date: _____

Court: _____

Disposition: _____

Was anyone in your household arrested or questioned by law enforcement?
 Yes No

If yes, Whom? _____

Reason: _____

Disposition: _____

Do you have any contact with anyone having a criminal record?
 Yes No

If yes, whom? _____

Do you possess or have access to a firearm?
 Yes No

If yes, why? _____

Did you possess or use any illegal drugs?
 Yes No

If yes, type of drug: _____

Did you travel outside the district without permission?
 Yes No

If yes, when and where? _____

Do you have a special assessment, restitution or fine? Yes No -- If yes, amount of payment made during the month:

Special assessment: _____ Restitution: _____ Fine: _____

**NOTE: ALL PAYMENTS TO BE MADE BY MONEY ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY PAYABLE TO:
 CLERK, U.S. District Court.
 Robert H. Jackson United States Courthouse, 2 Niagara Square Buffalo, NY 14202**

Do you have community service work to perform?
 Yes No

Number of hours completed this month: _____

Number of hours missed: _____

Balance of hours remaining: _____

Do you have drug, alcohol or mental health aftercare?
 Yes No

If yes, did you miss any sessions during this month?
 Yes No

Did you fail to respond to phone recorder instructions?
 Yes No

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.

SIGNATURE _____

DATE _____

U.S. PROBATION OFFICER _____

DATE _____

Did you have a change in residence?
 Yes No

Did you have a change in employment?
 Yes No

Did you have a change in phone number?
 Yes No

If you had a change in residence, employment or phone number you are to contact your officer immediately.