♠PROB 8
(Rev. 9/00)

U.S. PROBATION OFFICE

MONTHLY SUPERVISION REPORT FOR THE MONTH _______, 20 _____.

| Name: | | Court Name (if different): | | | | |
|--|--|--|------------------------|-----------------|--------------------|--|
| 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? Yes No | | | | |
| Mailing Address (if different): | If yes, date moved: Reason for Moving: | | | | | |
| PART B: EMPLOYMENT (If unemployed, list source of support under Part D.) | | | | | | |
| Name, Address, Phone No. of Emplo | Name of Immediate Supe | | | | | |
| | | How many days of work did you miss? Why? | | | | |
| | | Position Held: | Gross Wag | ges: | Normal Work Hours: | |
| Did you change jobs? Yes No Were you terminated? Yes No | | If changed jobs or terminated, state when and why: | | | | |
| PART C: VEHICLES (List all vehicles owned or driven by you.) | | | | | | |
| 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: | Do you rent or have access to: | | | | | |
| (Attach Proof of Earnings) | a post office box? | Yes No storage space | a safe depos | sit box? Yes No | | |
| Other Cash Inflows: | Name and Address of Location: Box No. or Space | | | | | |
| TOTAL MONTHLY CASH INFLO | | | | | | |
| TOTAL MONTHLY CASH OUTFL | | | | | | |
| | | | | | | |
| Do you have checking 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 Balance:Balance:Balance:Balance: | | toward? | | | | |
| Bank Name: Balance: | | Bank Name: | | | | |
| Attach a complete listing of all other financial account information, if you have multiple accounts. | | Account No.: Balance: | | | | |
| List all expenditures over \$500 (included) | s) 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? 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 copy of citation, recei | ipt, 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: | | | | |
| Do you have any contact with anyone having a criminal record? ☐ Yes ☐ No | Do 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? | | | | |
| If yes, type of drug: | If yes, when and where? | | | | |
| Do you have a special assessment, restitution, or fine? | If yes, amount paid during the month: | | | | |
| Special Assessment: Restitution: | Fine: | | | | |
| NOTE: ALL PAYMENTS TO BE MADE BY MONEY ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. | | | | | |
| Do you have community service work to perform? Yes No | Do you have drug, alcohol, or mental health aftercare? | | | | |
| 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 | | | | |
| | HC CC | | | | |
| | RETURN TO: | | | | |
| | | | | | |
| | | | | | |
| U.S. Probation Officer Date | | | | | |