PROB 8 (Rev. 7/04)

## U.S. PROBATION OFFICE MONTHLY SUPERVISION REPORT FOR THE MONTH

Name:	DOB:	Court Name (if differen	nt):		Probation Officer:
	PART A: RESIDENCE (If new ac	ddress, attach copy of leas	se/purchase a	greement.)	
Street Address, Apt. Number:	Own or Rent?	Home Phone:		llular Phone:	Pager:
City, State, Zip Code:		Persons Living With You:			
Secondary Residence:	Own or Rent?	Did you move during the	he 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:		Name of Immediate Supervisor:  Is your employer aware of your criminal status:  Yes  No			
		How many days of work did you miss? Why?			
		Position Held:	Gross Wa	nges:	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.)					
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: (Attach Proof of Earnings)  Other Cash Inflows:		Do you rent or have access to: a post office box?			
TOTAL MONTHLY CASH INFLO					
TOTAL MONTHLY CASH OUTF	LOW:				
Do you have a checking account(s)? Yes No Bank Name: Account No.: Balance Do you have a savings account(s)? Yes No Bank Name: Account No.: Balance Account No.: Balance		Does your spouse, significant other, or dependant have a checking or savings account that you enjoy the benefits of or make occasional contributions toward?  Yes No  Bank Name:  Account No.:  Balance:			
List all expenditures over \$500 (including, e.g., goods, services, or gambling  Date Amount Method		ng losses) d of Payment		Descrip	tion of Item
				2 000110	

♠PROB 8 (Rev. 7/04)

PART E: COMPLIANCE WITH CONDITIONS	S 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 cony of citation, re-	 ceipt, 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:				
Did you have any contact with anyone having a criminal record?  Yes No	Did 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?  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 O	OR BANK) OR CASHIER'S CHECK ONLY.				
Do you have community service work to perform?	Do you have drug, alcohol, or mental health aftercare?				
Yes No	Yes No				
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:				
	Mail OC				
	HC CC				
	RETURN TO:  WUURtqdc.lqp"Qlhleg RQ0Dqz '982"""RQ0Dqz": 387 Cwi wwc'I C'52; 25"""""Ucxcppcj 'I C'53634				
U.S. Probation Officer Date	RQQ0Dqz": 9: """""RQQ0Dqz"339; Dtwpuy kem'I C"53743""""""""""Ucvgudqtq'I C"5267; "				