

This Report must be received by your officer between the 1st and 5th day of each month.

Officer _____

MONTHLY SUPERVISION REPORT FOR _____, 20____

PART A: NAME and RESIDENCE

Name: _____ Street Address, Apt #: _____

Home Phone: (____) _____ City, State, Zip: _____

Cell/Pager #: (____) _____ Other Mailing Addresses: _____

Persons living with you (list name and relationship): _____

Did you move during the month? Yes [] No [] (If yes, attach lease/purchase agreement)

List all Websites or E-Mail addresses that you maintain or control directly or indirectly: _____

PART B: EMPLOYMENT (If unemployed, list source of support under Part C)

Name of Company: _____ Name of Supervisor: _____

Address: _____ City, State: _____

Phone # of Employer: _____ Position Held: _____

Work Hours: _____

Is your employer aware you are on supervision? Yes [] No []

Did you change jobs during the month? Yes [] No [] If yes, when and why? _____

Did you miss work during the month? Yes [] No [] Explain: _____

PART C: MONTHLY FINANCIAL STATEMENT

MONTHLY INCOME

Net Income from Employment _____
(*attach proof of earnings/paystubs)

Spouse's Income: + _____

Other Income (source): + _____

+ _____

TOTAL MONTHLY INCOME: = _____

NECESSARY MONTHLY EXPENSES

Home Mortgage/Rent: _____

Grocery: _____

Utilities: _____

Medical/Insurance: _____

Telephone: _____

Credit Cards: _____

Car Insurance: _____

Transportation/Gas: _____

Child Support _____

Restitution/Fine/Elec. Monitoring: _____

Other: Explain _____

TOTAL MONTHLY EXPENSES: = _____

Do you have checking/saving(s) account(s)? Yes [] No []

If yes, give bank name, account number and balances:

Checking [] Savings [] _____

Checking [] Savings [] _____

Does your spouse, significant other, or dependent have a checking/savings account that you enjoy the benefits of or make contributions toward? Yes [] No [] If yes, give bank name, location and balance: _____

Did you file bankruptcy during the month? Yes [] No []

-COMPLETE OTHER SIDE-

PART D: VEHICLES/BOATS/MOTORCYCLES (Vehicles owned or driven by you during the month)

1. Year/Make/Model: _____ Color: _____ Tag #: _____ Owner: _____
2. Year/Make/Model: _____ Color: _____ Tag #: _____ Owner: _____
3. Year/Make/Model: _____ Color: _____ Tag #: _____ Owner: _____

PART E: COMPLIANCE WITH CONDITIONS OF SUPERVISION DURING THE MONTH

Were you arrested or questioned by a law enforcement officer or did you appear in court for any criminal, civil or traffic matter?

Yes [] No [] If yes, give reason, date and agency:

Was anyone in your household arrested or questioned by a law enforcement officer?

Yes [] No [] If yes, give who and reason:

Did you have any contact with anyone with felony record?

Yes [] No [] If yes, give full name and reason: a

Did you possess or have access to a firearm?

Yes [] No [] If yes, explain: _____

Did you possess OR use any illegal drugs?

Yes [] No [] If yes, type of drug and date: _____

Did you pay fees this month toward a special assessment, fine, restitution AND/OR complete any community service?

Yes [] No [] If yes, amount paid and/or hours completed :

Did you leave the district without permission?

Yes [] No [] If yes, explain: _____

Do you have a safe deposit box?

Yes [] No [] If yes, location: _____

Do you have a storage space?

Yes [] No [] If yes, location: _____

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. (18 U.S.C. § 1001)

I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE:

Signature

Date

This form may be downloaded at www.ncmp.uscourts.gov

REMARKS:

RECEIVED: _____

Mail

PO/CO

PH/CH

PC/CC

U. S. Probation Office

IMPORTANT: Please be advised that all Monthly Supervision Reports and attachments will be maintained by the probation office for one year from date of receipt, after which the documents will be destroyed. We encourage you to make copies of any documents you wish to retain for your records.