

You may report a concern about a U.S. Probation Officer or other Probation Office staff or about a treatment provider or other service provider to the U.S. Probation Office by notifying a supervising probation officer or by calling the Deputy Chief Probation Officer at (503) 326-8605.

(Rev. 7/04)

# **U.S. PROBATION OFFICE** **MONTHLY SUPERVISION REPORT FOR THE MONTH \_\_\_\_\_, 20\_\_\_\_**

Name: _____		DOB: _____		Court Name (if different): _____		Probation Officer: _____			
<b>PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement.)</b>									
Street Address, Apt. Number: _____		Own or Rent? <input type="checkbox"/> Yes <input type="checkbox"/> No		Home Phone: _____		Cellular Phone: _____			
City, State, Zip Code: _____		Persons Living With You: _____							
Secondary Residence: _____		Own or Rent? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you move during the month? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Mailing Address (if different): _____		E-Mail Address: _____		If yes, date moved: _____ Reason for Moving: _____					
<b>PART B: EMPLOYMENT (If unemployed, list source of support under Part D.)</b>									
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: _____		Gross Wages: _____		Normal Work Hours: _____	
Did you change jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No				If changed jobs or terminated, state when and why. _____					
Were you terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>PART C: VEHICLES (List all vehicles owned or driven by you.)</b>									
1. Year/Make/Model/Color: _____		Mileage: _____		Tag Number: _____		Owner: _____			
				Vehicle I.D.#: _____					
2. Year/Make/Model/Color: _____		Mileage: _____		Tag Number: _____		Owner: _____			
				Vehicle I.D.#: _____					
<b>PART D: MONTHLY FINANCIAL STATEMENT</b>									
Net Earnings from Employment: _____ (Attach Proof of Earnings)				Do you rent 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					
Other Cash Inflows: _____				Name and Address of Location: _____ Box No. or Space _____					
TOTAL MONTHLY CASH INFLOWS: _____				_____					
TOTAL MONTHLY CASH OUTFLOW: _____				_____					
Do you have a checking account(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No				Does your spouse, significant other, or dependant have a checking or savings account that you enjoy the benefits of or make occasional contributions toward?					
Bank Name: _____				<input type="checkbox"/> Yes <input type="checkbox"/> No					
Account No.: _____ Balance _____				Bank Name: _____					
Do you have a savings account(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No				Account No.: _____ Balance _____					
Bank Name: _____									
Account No.: _____ Balance _____									
Attach a complete listing of all other financial account information, if you have multiple accounts.									
List all expenditures over \$500 (including, e.g., goods, services, or gambling losses)									
<u>Date</u>		<u>Amount</u>		<u>Method of Payment</u>		<u>Description of Item</u>			
_____		_____		_____		_____			
_____		_____		_____		_____			
_____		_____		_____		_____			

<p><b>Were you questioned by any law enforcement officers?</b></p> <p align="center"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, date: _____</p> <hr/> <p>Agency: _____</p> <hr/> <p>Reason: _____</p> <hr/>	<p><b>Were you arrested or named as a defendant in any criminal case?</b></p> <p align="center"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, when and where? _____</p> <hr/> <p>Charges: _____</p> <hr/> <p>Disposition: _____</p> <hr/>
<b>(Attach copy of citation, receipt, charges, disposition, etc.)</b>	
<p><b>Were any pending charges disposed of during the month?</b></p> <p align="center"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, date: _____</p> <hr/> <p>Court: _____</p> <hr/> <p>Disposition: _____</p> <hr/>	<p><b>Was anyone in your household arrested or questioned by law enforcement?</b></p> <p align="center"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, whom? _____</p> <hr/> <p>Reason: _____</p> <hr/> <p>Disposition: _____</p> <hr/>
<p><b>Did you have any contact with anyone having a criminal record?</b></p> <p align="center"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, whom? _____</p> <hr/>	<p><b>Did you possess or have access to a firearm?</b></p> <p align="center"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, why? _____</p> <hr/>
<p><b>Did you possess or use any illegal drugs?</b></p> <p align="center"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, type of drug: _____</p> <hr/>	<p><b>Did you travel outside the district without permission?</b></p> <p align="center"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, when and where? _____</p> <hr/>
<p><b>Do you have a special assessment, restitution, or fine?</b>      <input type="checkbox"/> Yes    <input type="checkbox"/> No      If yes, amount paid during the month:</p> <p>Special Assessment: _____      Restitution: _____      Fine: _____</p>	
<p><b>NOTE: ALL PAYMENTS TO BE MADE BY MONEY ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.</b></p>	
<p><b>Do you have community service work to perform?</b></p> <p align="center"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Number of hours completed this month: _____</p> <hr/> <p>Number of hours missed: _____</p> <hr/> <p>Balance of hours remaining: _____</p> <hr/>	<p><b>Do you have drug, alcohol, or mental health aftercare?</b></p> <p align="center"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, did you miss any sessions during this month?</p> <p align="center"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Did you fail to respond to phone recorder instructions?</p> <p align="center"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, why? _____</p> <hr/>
<p><b>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.</b></p>  <p align="center">(18 U.S.C. § 1001)</p>	<p>I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT.</p>  <p>SIGNATURE _____ DATE _____</p>
<p><b>REMARKS:</b></p>          	<p><b>RECEIVED:</b></p> <p>_____ Mail                  _____ OC</p> <p>_____ HC                 _____ CC</p> <p><b>RETURN TO:</b></p>
<p>U.S. Probation Officer _____ Date _____</p>	