

This Report must be received by your officer between the 1<sup>st</sup> and 5<sup>th</sup> 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-**

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

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

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

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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](http://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.**