

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

Name: _____		DOB: _____		Court Name (if different): _____		Probation Officer: _____		
PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement.)								
Street Address, Apt. Number: _____			Own or Rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent		Home Phone: _____		Cellular Phone: _____	
City, State, Zip Code: _____			Persons Living With You: _____					
Secondary Residence: _____			Own or Rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent		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: _____			
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? <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								
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)				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: _____								
TOTAL MONTHLY CASH INFLOWS: _____				Name and Address of Location: _____ Box No. or Space _____ _____ _____				
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? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Bank Name: _____ Account No.: _____ Balance: _____								
Do you have a savings account(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No				Bank Name: _____ Account No.: _____ Balance: _____				
Bank Name: _____ Account No.: _____ Balance: _____								
Attach a complete listing of all other financial account information, if have multiple accounts.								
List all expenditures over \$500 (including, e.g., goods, services, or gambling losses)								
Date _____ Amount _____ Method of Payment _____ Description of Item _____								

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

Were you questioned by any law enforcement officers? ☐ Yes ☐ No

If yes, date: _____

Agency: _____

Reason: _____

Were you arrested or named as a defendant in any criminal case? ☐ Yes ☐ No

If yes, when and where? _____

Charges: _____

Disposition: _____

(Attach copy of citation, receipt, charges, disposition, etc.)

Were any pending charges disposed of during the month? ☐ Yes ☐ No

If yes, date: _____

Court: _____

Disposition: _____

Was anyone in your household arrested or questioned by law enforcement? ☐ Yes ☐ No

If yes, whom? _____

Reason: _____

Disposition: _____

Did you have any contact with anyone having a criminal record? ☐ Yes ☐ No

If yes, whom? _____

Did you possess or have access to a firearm? ☐ Yes ☐ No

If yes, why? _____

Did you possess or use any illegal drugs? ☐ Yes ☐ No

If yes, type of drug: _____

Did you travel outside the district without permission? ☐ Yes ☐ No

If yes, when and where? _____

Do you have a special assessment, restitution, or fine? ☐ Yes ☐ No

Special Assessment: _____

Restitution: _____

Fine: _____

If yes, amount paid during the month: _____

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

Number of hours completed this month: _____

Number of hours missed: _____

Balance of hours remaining: _____

Do you have drug, alcohol, or mental health aftercare? ☐ Yes ☐ No

If yes, did you miss any sessions during this month? ☐ Yes ☐ No

Did you fail to respond to phone recorder instructions? ☐ Yes ☐ No

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.

(18 U.S.C. § 1001)

I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT.

SIGNATURE _____

DATE _____

REMARKS:

U.S. Probation Officer

Date

RETURN TO THE U.S. PROBATION OFFICE YOU ARE ASSIGNED TO:
U.S. Probation
501 East Court Street, Suite 1.550
Jackson, MS 39201

2010 15th Street
Gulfport, MS 39501

701 North Main Street
Hattiesburg, MS 39401