✎PROB 8
(Rev. 7/04)

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

| Name: DOB: | Court Name *(if different)*: Probation Officer: JANSEN |
|---|---|

**PART A: RESIDENCE** ***(If new address, attach copy of lease/purchase agreement.)***

| Street Address, Apt. Number: Own or Rent? | Home Phone: Cellular Phone: Pager: |
|---|---|
| City, State, Zip Code: | Persons Living With You: |
| Secondary Residence: Own or Rent? | Did you move during the 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 Wages: | Normal Work Hours: |
| Did you change jobs? ☐ Yes ☐ No<br>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:<br>Vehicle I.D.#: | Owner: |
| 2. Year/Make/Model/Color: | Mileage: | Tag Number:<br>Vehicle I.D.#: | Owner: |

**PART D: MONTHLY FINANCIAL STATEMENT**

| | |
|---|---|
| Net Earnings from Employment: _____<br>*(Attach Proof of Earnings)*<br>Other Cash Inflows: _____<br>TOTAL MONTHLY CASH INFLOWS: _____<br>TOTAL MONTHLY CASH OUTFLOW: _____ | Do you rent or have access to:<br>a post office box? ☐ Yes ☐ No a safe deposit box? ☐ Yes ☐ No<br>a storage space? ☐ Yes ☐ No<br>Name and Address of Location: Box No. or Space<br>_____<br>_____<br>_____ |
| Do you have a checking account(s)? ☐ Yes ☐ No<br>_____ Balance _____<br>Do you have a savings account(s)? ☐ Yes ☐ No<br>_____ 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?<br>☐ Yes ☐ No<br>_____ Balance: _____ |

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 If yes, amount paid during the month:

Special Assessment: _____ Restitution: _____ Fine: _____

**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

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

Bryan Jansen
US Probation
17 S De Villiers St
Pensacola, FL 32502

Print Email Report Reset