

EASTERN DISTRICT OF TENNESSEE
Monthly Supervision Report for the Month of

Probation Officer's Name: _____

Name:		Court Name (if different):		
Part A: Residence (If new address, attach copy of lease/purchase agreement.)				
Street Address, Apt. Number		Own or Rent?	Home Phone	Cellular Phone
City, State, Zip Code		Persons Living With You		
Secondary Residence		Own or Rent?	Did you move during the month?	If yes, date moved:
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address (if different)		Reason for moving:		
E-Mail Address:				
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/Color		Mileage	Tag Number:	Owner
			Vehicle I.D. No.:	
2. Year/Make/Color		Mileage	Tag Number:	Owner
			Vehicle I.D. No.:	
Part D: Monthly Financial Statement				
Net Earnings from Employment: (Attach Proof of Earnings)		Do you rent or have access to:		
_____		a safe deposit box? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Cash Inflows:		a post office box? <input type="checkbox"/> Yes <input type="checkbox"/> No		
_____		a storage space? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Total Monthly Cash Inflows:		Name and Address of Location		
_____		Box No. or Space		
Total Monthly Cash Outflows:				

Do you have checking account(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does your spouse, significant other, or dependent 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: _____ Balance: _____		Bank Name: _____		
Do you have savings account(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Account: _____ Balance: _____		
Bank Name: _____				
Account: _____ 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)				
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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____ Agency: _____ Reason: _____	Were you arrested or named as a defendant in any criminal case? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____ Court: _____ Disposition: _____	Was anyone in your household arrested or questioned by law enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, whom? _____ Reason: _____ Disposition: _____
Did you have any contact with anyone having a criminal record? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, whom? _____	Did you possess or have access to a firearm? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, why? _____
Did you possess or use any illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type of drug: _____	Did you travel outside the district without permission? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and where? _____
Do you have a special assessment, restitution, or fine? <input type="checkbox"/> Yes <input type="checkbox"/> No Special Assessment: _____	If yes, amount paid during the month: 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of hours completed this month: _____ Number of hours missed: _____ Balance of hours remaining: _____	Do you have drug, alcohol, or mental health aftercare? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, did you miss any sessions during this month? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you fail to respond to phone recorder instructions? <input type="checkbox"/> Yes <input type="checkbox"/> 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 USC § 1001)	I Certify That All Information Furnished Is Complete And Correct. Signature _____ Date _____
Remarks _____	Received: <input type="checkbox"/> Mail <input type="checkbox"/> OV <input type="checkbox"/> HC <input type="checkbox"/> DV Return To: <p align="center">U.S. Probation and Pretrial Services Office</p>
U.S. Probation Officer _____ Date _____	