✎PROB 8
(Rev. 7/04) NH 11/09

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?	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 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: Vehicle I.D.#:	Owner:
2. Year/Make/Model/Color:	Mileage:	Tag Number: Vehicle I.D.#:	Owner:

PART D: MONTHLY FINANCIAL STATEMENT

Net Earnings from Employment: _____ *(Attach Proof of Earnings)* Other Cash Inflows: _____ TOTAL MONTHLY CASH INFLOWS: _____ TOTAL MONTHLY CASH OUTFLOW: _____	Do you rent or have access to: a post office box? ☐ Yes ☐ No a safe deposit box? ☐ Yes ☐ No a storage space? ☐ Yes ☐ No Name and Address of Location: Box No. or Space _____ _____ _____
Do you have a checking account(s)? ☐ Yes ☐ No Bank Name: _____ Account No.: _____ Balance _____ Do you have a savings account(s)? ☐ Yes ☐ No Bank Name: _____ Account No.: _____ Balance _____ Attach a complete listing of all other financial account information, if you have multiple accounts.	Does your spouse, significant other, or dependant have a checking or savings account that you enjoy the benefits of or make occasional contributions toward? ☐ Yes ☐ No Bank Name: _____ Account No.: _____ 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:

DATE:

Daniel_Gildea@nhp.uscourts.gov fax 230-7697

r

_____ _____

U.S. Probation Officer

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

United States Probation Office
55 Pleasant Street - Room 211
Concord NH 03301

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