

**U.S. PROBATION OFFICE  
SUPERVISION REPORT FOR ORGANIZATIONS  
FOR THE MONTH \_\_\_\_\_, 20 \_\_\_\_\_**

*You are instructed to provide information below about the organization's activities which occurred only during the period stated above. Fill out completely, leaving no blanks (attach separate sheet if necessary). If an item is inapplicable, state "N/A."*

Name of Organization: _____ D/B/As _____ _____ _____	Court Name (if different): _____ _____ _____
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**PART A: NATURE OF THE ORGANIZATION**

Street Address: _____ City, State, Zip Code: _____ Phone: _____ E-Mail Address: _____ Mailing Address (if different): _____ Web Address: _____	Any change in street or mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of change: _____ Reason for change: _____ _____ _____
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Type of organization (e.g., corporation, partnership): _____ Principal business purpose: _____ _____ _____	Name and title of organization's representative to the court and probation office: _____ Address (if different): _____ Phone: _____ E-Mail Address: _____
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<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">List Names of All Officers</th> <th style="text-align: left; border-bottom: 1px solid black;">Officer's Position</th> <th style="text-align: left; border-bottom: 1px solid black;">Check if Felony Record</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td align="center"><input type="checkbox"/></td> </tr> </tbody> </table>	List Names of All Officers	Officer's Position	Check if Felony Record	_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	Name and position of principal employee or officer responsible for the accounting records: _____ _____ Address (if different): _____ Phone: _____ E-Mail Address: _____
List Names of All Officers	Officer's Position	Check if Felony Record														
_____	_____	<input type="checkbox"/>														
_____	_____	<input type="checkbox"/>														
_____	_____	<input type="checkbox"/>														
_____	_____	<input type="checkbox"/>														

Did the organization dissolve or change the name under which it does business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____ Explain: _____	Name of outside public accountant: _____ Address: _____ Phone: _____ E-Mail Address: _____
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Are all the organization's business licenses up to date?  Yes  No If no, explain: \_\_\_\_\_  
 \_\_\_\_\_

Have any licenses been revoked or suspended?  Yes  No If yes, \_\_\_\_\_  
 \_\_\_\_\_

**PART B: FINANCIAL ACTIVITY**

Total Income: \$ _____ Total Expenses: \$ _____ Net Income \$ _____ ----- Amount of income from foreign countries: \$ _____ Identify foreign countries: _____ (Attach any income statement, balance sheet, or statement of cash flow completed during the period.)	<p align="center"><b>Capital Investments:</b></p> Investor: _____ Amount of Investment \$ _____ Investor: _____ Amount of Investment \$ _____ Investor: _____ Amount of Investment \$ _____
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**PART B. FINANCIAL ACTIVITY (Continued)**

<u>Checking Accounts:</u>	<u>Savings or Investments:</u>
Bank: _____	Bank: _____
Account No.: _____	Account No.: _____
Balance: \$ _____	Balance: \$ _____
Bank: _____	Bank: _____
Account No.: _____	Account No.: _____
Balance: \$ _____	Balance: \$ _____
Bank: _____	Bank: _____
Account No.: _____	Account No.: _____
Balance: \$ _____	Balance: \$ _____

<p>Did the organization own or have any financial interest or signatory authority over any foreign financial accounts or organizations?  <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain and identify which countries:          _____</p>	<p>Did the organization experience a substantial increase/decrease in profits?  <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____          _____</p>
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<p>Was the organization involved in any bankruptcy proceedings?  <input type="checkbox"/> Yes <input type="checkbox"/> No          Court: _____ Docket No. _____  <i>(Attach a copy of bankruptcy petition and/or order.)</i></p>	<p>Did the organization file any tax return, sales tax report, or estimated voucher?  <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify documents and tax periods:          _____  <i>(Attach copies of documents.)</i></p>
<p>Has the organization filed an annual report? <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>(If yes, attach a copy.)</i></p>	

**List all purchases or sales over \$5,000 not associated with the daily operation of the business:** *(Provide copies of all purchase orders, sales agreements, or receipts.)*

DATE	DESCRIPTION OF SALES/PURCHASE	AMOUNT	METHOD OF PAYMENT
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

**PART C. COMPLIANCE WITH CONDITIONS OF SUPERVISION**

Was the organization a plaintiff, respondent, or defendant in any criminal prosecution, civil litigation, or administrative proceeding?  Yes  No  
*If yes, explain (include court and docket number):* \_\_\_\_\_

Was the organization contacted by any law enforcement/regulatory agency?  Yes  No If yes, explain:  
 \_\_\_\_\_

Were any officers contacted or arrested by a law enforcement officer for any reason relating to the organization?  Yes  No  
*If yes, explain (include date of arrest):* \_\_\_\_\_

Describe what action was taken by the organization to prevent or detect violations of the law and/or to maintain a compliance program.  
 \_\_\_\_\_

**PART C. COMPLIANCE WITH CONDITIONS OF SUPERVISION (Continued)**

Has there been any adverse action(s) and/or order(s) taken against the organization from any regulatory agency?  Yes  No If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did any officers or agents travel to a foreign country on behalf of the country or organization?  Yes  No If yes:

Countries: \_\_\_\_\_

Purpose: \_\_\_\_\_

Describe what action was taken to notify employees, stockholders, victims, or the public regarding the organization's conviction and action it is taking to prevent reoccurrence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the organization owe a special assessment, fine, restitution, or cost of supervision?  Yes  No

*(If yes, submit receipt(s) for the payment(s) made during this period.)*

Is the organization required to perform community service?

Yes  No If yes:

Name of agency where performed: \_\_\_\_\_

Nature of service: \_\_\_\_\_

Number of hours completed during this period: \_\_\_\_\_

Amount paid in contributions: \$ \_\_\_\_\_

**WARNING: ANY FALSE STATEMENT MAY RESULT IN REVOCATION OF THE ORGANIZATION'S TERM OF PROBATION. ALSO, ANY FALSE STATEMENT BY THE SIGNATORY ON THIS REPORT MAY RESULT IN 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

\_\_\_\_\_  
Title of representative and position with the organization

For official use only

REMARKS:

\_\_\_\_\_  
U.S. Probation Officer Date

For official use only

RECEIVED:

\_\_\_\_\_  
Mail \_\_\_\_\_ OV

\_\_\_\_\_  
CV

RETURN TO: