

MONTHLY SUPERVISION REPORT
U.S. Probation Office

111 SOUTH 18th PLAZA, SUITE C79
OMAHA, NE 68102-1312
OFFICE (402) 661-7555
FAX (402) 661-7550

530 U.S. COURTHOUSE
100 CENTENNIAL MALL NORTH
LINCOLN, NE 68508
OFFICE (402) 437-1920
FAX (402) 437-1921

Report for the month of:		Officer:	
Name:		Today's Date:	
Address:	New Address? Yes <input type="checkbox"/> No <input type="checkbox"/>	Move in Date:	
City:	State:	Zip Code:	
Home Phone: ()	Cellular: ()	E-MAIL ADDRESS	
List occupants staying at your residence.			
Employer:	Is this a new job? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Address:	Is employer aware you are on supervision? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Phone #:	Your job title:	Start date:	
Gross monthly pay:	Work days/hours:	Supervisor's name:	
ALL QUESTIONS PERTAIN TO THE MONTH LISTED ABOVE (mark yes or no)	NO	YES	EXPLANATIONS IF YOU RESPONDED "YES"
Were you terminated from a job?			When? Why?
Any new vehicles in your household?			Year/make/model/color: License number: Owner:
Did you open any new checking or savings accounts?			Bank name: Account #:
Do you have access to post office box, safe deposit box or storage space?			Where? Box # or space #:
Were you questioned/contacted/ticketed by any police officers?			When/where/why?
Were you arrested or named as a defendant in any criminal cases?			When/where/why?
Were any pending charges disposed of during the month?			When/where?
Was anyone in your household arrested or questioned by law enforcement?			Who/when/where/why?
Did you have <u>any</u> contact with <u>anyone</u> having a criminal record (other than at work, treatment or AA/NA)?			Who/when/where/why?
DO YOU HAVE ACCESS TO OR DID YOU			[If yes, you will need to provide specific information

ALL QUESTIONS PERTAIN TO THE MONTH LISTED ABOVE (mark yes or no)	NO	YES	EXPLANATIONS IF YOU RESPONDED "YES"
POSSESS A FIREARM ?			to your officer]
DID YOU POSSESS OR USE ANY ILLEGAL DRUGS OR USE ALCOHOL?			[If yes, an officer will contact you]
DID YOU MISS ANY URINE/ALCOHOL-DRUG COLLECTIONS?			[If yes, an officer will contact you]
Are you taking any prescribed medications?			List medication and dosage:
Did you miss any treatment sessions?			[If yes, an officer will contact you]
Did you travel outside the District without permission?			When/where/why?
DID YOU VIOLATE ANY OTHER CONDITIONS OF SUPERVISION, NOT PREVIOUSLY LISTED?			[If yes, an officer will contact you]
Did you report the violation to your USPO?			

THE FOLLOWING QUESTIONS PERTAIN TO THE MONTH LISTED ON THE FIRST PAGE [fill in the amounts or if not applicable, put n/a]	AMOUNT	
How many community service hours did you complete?	Where? many hours?	How
How much did you pay on monies owed the Court?	Contact person:	Phone #:
Did you pay any money on your Home Confinement debt?	Special Assessment:	Fine:
What was your <u>gross</u> pay from work for this month?	Restitution:	
List amounts received from any other sources of income.	How much?	
	What was your <u>net</u> income/take home pay?	
	What was the source?	

LIST ALL SINGLE ITEM EXPENDITURES OVER \$500 INCLUDING PURCHASES OF GOODS OR SERVICES.

Date	Amount	Method of payment	Description of property, vehicle or item

WARNING: Any false statements on this report may result in revocation of probation, supervised release or parole!

I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT.

Name: _____ Date: _____

Received by: _____ Date: _____

You can now report electronically on the Web! Go to www.ned.uscourts.gov Contact your officer for your PACTS number- This is the number U.S. Probation uses to identify you.