PROB 8 (Rev. 7/04)

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Name:	DOB:	Court Name (if differen	nt):		Probation Officer:	
PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement.)						
Street Address, Apt. Number:	Own or Rent?	Home Phone:	-	Ilular 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 Su	of Immediate Supervisor:  Is your employer aware of your criminal status:  Yes  No			
		How many days of wor	k did you mi	ss?	Why?	
		Position Held:	Gross Wa	iges:	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:		Owner:		
		Vehicle I.D.#:				
2. Year/Make/Model/Color:	Mileage:	Tag Number:		Owner:		
		Vehicle I.D.#:				
PART D: MONTHLY FINANCIAL STATEMENT						
Net Earnings from Employment: (Attach Proof of Earnings)  Other Cash Inflows:	Do you rent or have access to: a post office box?					
TOTAL MONTHLY CASH INFLO						
TOTAL MONTHLY CASH OUTF	LOW:					
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  Account No.: Balance  Account No.: 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?  Yes No  Bank Name:  Account No.:  Balance:				
List all expenditures over \$500 (inc	ng losses) d of Payment		Decorin	tion of Item		
<u>Date</u> <u>Amount</u> <u>Method</u>		d of I aymon		Descrip	uon or nom	

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PART E: COMPLIANCE WITH CONDITIONS	OF SUPERVISION DURING THE PAST MONTH			
Were you questioned by any law enforcement officers?	Were you arrested or named as a defendant in any criminal case?			
Yes No	Yes No			
If yes, date:	If yes, when and where?			
Agency:	Charges:			
Reason:	Disposition:			
(Attach copy of citation, rec	reipt, charges, disposition, etc.)			
Were any pending charges disposed of during the month?	Was anyone in your household arrested or questioned by law enforcement?			
Yes No	Yes No			
If yes, date:	If yes, whom?			
Court:	Reason:			
Disposition:	Disposition:			
Did h h	Did			
Did you have any contact with anyone having a criminal record?  Yes No	Did you possess or have access to a firearm?  Yes No			
If yes, whom?	If yes, why?			
Did you possess or use any illegal drugs?  Yes No	Did you travel outside the district without permission?  Yes No			
If yes, type of drug:	If yes, when and where?			
Do you have a special assessment, restitution, or fine?	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?	Do you have drug, alcohol, or mental health aftercare?			
Yes No	Yes No			
Number of hours completed this month:	If yes, did you miss any sessions during this month?  Yes No			
Number of hours missed:	Did you fail to respond to phone recorder instructions?  Yes No			
Balance of hours remaining:	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.	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT.			
(18 U.S.C. § 1001)	SIGNATURE DATE			
REMARKS:	RECEIVED:			
	MailOC			
	HCCC			
	RETURN TO:			
U.S. Probation Officer Date				