NYN
08/2026

UNITED STATES PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF_____

Name: DOB:	Court Name (If Different):	Probation Officer:

PART A: RESIDENCE *(If new address, attach copy of lease/purchase agreement)*

Street Address, Apt. #: Own or Rent City, State, Zip Code:	List the names of the people who are living with you:
Did you stay overnight anywhere other than your reported address? ☐ Yes ☐ No If yes, where? _____	Did you move during the month? ☐ Yes ☐ No If yes, date moved:_____ Why?_____
Do you own/occupy/rent/freely access etc. a secondary address(es)? ☐ Yes ☐ No Where_____	

PART B: PRIMARY CONTACT INFORMATION *(List all cell phones owned or regularly used by you)*

	Phone Number	Make (iPhone, Samsung, etc)	Owner	Cell Carrier (Sprint, Verizon, AT&T, etc)	Primary Phone? Y or N
1.					
2.					
3.					

Home Phone: _____	List all e-mail address(es) you use:

PART C: EMPLOYMENT

Name, Address, Phone # of Employer:	Name of Immediate Supervisor:	Is your employer aware of your supervision status? ☐ Yes ☐ No
	Position Held:	Hourly Pay: Work Hours:
Did you change jobs? ☐ Yes ☐ No	If yes, state when and why:	
Were you terminated? ☐ Yes ☐ No	If yes, state when and why:	

PART D: VEHICLES *(List all vehicles owned, registered, or driven by you)*

	Year/ Make/ Model	Mileage	License Plate	Owner
1.				
2.				

PART E: MONTHLY FINANCIAL STATEMENT

Net earnings from employment (*Attach all pay stubs for the month*) $_____ Did you have any other income? ☐ Yes ☐ No if Yes, amount $_____ Explain_____ Total Cash Inflow $_____	Do you rent or have access to: - A Post Office Box ☐ Yes ☐ No - A Safe Deposit Box ☐ Yes ☐ No - A Storage Unit/ Space ☐ Yes ☐ No Name and Address:

PART E: MONTHLY FINANCIAL STATEMENT (Continued)

List all expenditures over $500 (including rent, goods, services, gambling losses, etc.):

Date	Amount	Method of Payment	Description of the Item
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all bank accounts and/or loans in your name, or that you contribute to or enjoy the benefits of (i.e., paycheck direct deposit):

Bank Name/Lender	Name on the Account	Checking/ Savings/ Loan	Account No.	Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PART F: COMPLIANCE WITH CONDITIONS OF SUPERVISION DURING THE PAST MONTH

Did you have contact with any law enforcement officers in any official capacity? ☐ Yes ☐ No

If yes, date: _____
Agency : _____
Reason: _____

Were you arrested, ticketed, or named as a defendant in any criminal case? ☐ Yes ☐ No

If yes, date: _____
Agency: _____
Charges: _____
(Attach a copy of citation, arrest report, charges, etc)

Did you appear in court, or 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: _____

Have you been referred for drug/alcohol or mental health treatment? ☐ Yes ☐ No

Did you miss any sessions this month? ☐ Yes ☐ No

When: _____ Why:_____

Did you possess or have access to a firearm? ☐ Yes ☐ No

If yes, when: _____

Why: _____

Did you possess or use any illegal drugs? ☐ Yes ☐ No

If yes, when: _____ What drug(s): _____

Did you travel outside of the district without permission? ☐ Yes ☐ No

If yes, where?_____

Do you owe a special assessment, restitution, or fine? ☐ Yes ☐ No

Amount paid this month: Restitution $_____ Fine $_____ Special Assessment $_____

If no payment was made,why:_____

Note: All payments to be made by money order (postal or bank) or cashiers check only

Do you have community service work to perform? ☐ Yes ☐ No

Where: _____
Number of hours completed this month? _____
Balance of hours remaining: _____

During this past month, did you have contact with anyone with a criminal record, or someone you know to be engaged in criminal activity? ☐ Yes ☐ No

If yes, whom: _____

WARNING: ANY FALSE STATEMENTS MADE ON THIS FORM MAY RESULT IN REVOCATION OF PROBATION OR SUPERVISED RELEASE, 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 ACCURATE.

_____ _____
Signature Date