PROB 8 (Rev. 7/04)

Name:	DOB:	Court Name (if different	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 Supervisor: Is your employer aware of your criminal status: Yes			
		How many days of wo	rk did you mis	ss?	Why?
		Position Held:	Gross Wa	iges:	Normal Work Hours:
Did you change jobs? Yes Were you terminated? Yes	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 OUTFI	<u> </u>				
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 (inc				Balance:	
		od of Payment		Descript	cion of Item

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PART E: COMPLIANCE WITH CONDITIONS OF SUPERVISION DURING THE PAST MONTH					
Were you questioned by any law enforcement officers? Yes No	Were you arrested or named as a defendant in any criminal case? Yes No				
If yes, date:	If yes, when and where?				
Agency:	Charges:				
Reason:	Disposition:				
(Attach cany of sitation was	eeipt, charges, disposition, etc.)				
Were any pending charges disposed of during the month? Yes No	Was anyone in your household arrested or questioned by law enforcement? Yes No				
If yes, date:	If yes, whom?				
Court:	Reason:				
Disposition:	Disposition:				
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?	o 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	Do you have drug, alcohol, or mental health aftercare? 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:				
	Mail				
	Mail OC				
	HCCC				
	RETURN TO:				
U.S. Probation Officer Date					