PROB 8 (Rev. 7/04)

Name:	DOB:	Court Name (if differe	nt):		Probation Officer:	
	PART A: RESIDENCE (If new a	ddress, attach copy of leas	se/purchase as	greement,)		
Street Address, Apt. Number:	Own or Rent?	Home Phone:		ular 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:		= = = = = = = = = = = = = = = = = = = =		Is your emp criminal sta	oloyer aware of your ttus: Yes No	
_		How many days of wo	rk did you mis	s?	Why?	
		Position Held:	Gross Waş	ges:	Normal Work Hours:	
Did you change jobs? Yes Were you terminated? Yes	□ No □ No	If changed jobs or term	ninated, state v	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:	Do you rent or have access to:					
(Attach Proof of Earnings)		a post office box?				
Other Cash Inflows:	Name and Address of Location: Box No. or Space					
TOTAL MONTHLY CASH INFLO						
TOTAL MONTHLY CASH OUTF	LOW:					
Do you have a checking account(s)? Yes No Bank Name: 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?				
Do you have a savings account(s)?	Yes No					
Bank Name:	Bank Name:	Bank Name:				
Account No.: Attach a complete listing of all othe have multiple accounts.	Account No.: Balance:					
List all expenditures over \$500 (inc <u>Date</u>	ing losses) od of Payment					

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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 conv of sitation was	eipt, 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?	Did you possess or have access to a firearm?				
☐ Yes ☐ No	☐ 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?	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?				
Buttine of notify femalining.	in yes, may.				
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:				
	OC				
	HCCC				
	RETURN TO:				
Translation of the control of the co					
U.S. Probation Officer Date					