PROB 8 (Rev. 7/04)

Name: DOB:	Court Name (if different):	Probation Officer:
PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement.)		
Street Address, Apt. Number: Own or Rent?	Home Phone:	Cellular 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 No
	How many days of work did you	n miss? Why?
	Position Held: Gross	Wages: Normal Work Hours:
Did you change jobs? Yes No Were you terminated? Yes No	If changed jobs or terminated, so	ate 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: TOTAL MONTHLY CASH INFLOWS: TOTAL MONTHLY CASH OUTFLOW:	Do you rent or have access to: a post office box? Yes a storage Name and Address of Location:	space? Yes No
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	account that you enjoy the bene Yes No	her, or dependant have a checking or savings its of or make occasional contributions toward? Balance:
List all expenditures over \$500 (including, e.g., goods, services, or gamblin	g losses) I of Payment	Description of Item
		Description of Roll

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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	l eipt, 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 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?	Did you travel outside the district without permission?	
Yes No	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 C	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	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE	
REVOCATION OF PROBATION, SUPERVISED RELEASE, OR	AND CORRECT.	
PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A \$250,000 FINE, OR BOTH.		
(18 U.S.C. § 1001)		
(10 C.S.C. § 1001)	SIGNATURE DATE	
REMARKS:	RECEIVED:	
	OC	
	HC CC	
	RETURN TO:	
U.S. Probation Officer Date		