

## U.S. PRETRIAL SERVICES SUPERVISION REPORT FOR THE MONTH OF \_\_\_\_\_, 20\_\_

Court Name:	DOB:	Current Name (if different):	Pretrial Services Officer:
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When is your next court date? \_\_\_\_\_

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

Street Address, Apt Number:	Own or Rent?	Home Phone:	Cell Phone:	Pager:
City, State, Zip Code:		Persons Living With You:		
Secondary Residence:	Own or Rent?	Did you move during the month? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing Address (if different):		Email Address:		Reason for moving:
If yes, date moved: _____				

### PART B: EMERGENCY CONTACT (Relative or friend to contact in case of emergency.)

CONTACT NAME	ADDRESS <small>(Street, City, State and Zip Code)</small>	TELEPHONE NUMBERS <small>(Home, Work and Cell)</small>	RELATIONSHIP

### PART C: EMPLOYMENT (If unemployed, list source of support.)

<b><u>ATTACH PROOF OF EARNINGS FROM EMPLOYER</u></b>	Full Name of Immediate Supervisor:	Is your employer aware of your criminal status? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name:	How many days of work did you miss? _____ Why? _____	
Address:	Position Held:	Gross Wages: \$ _____
City / State / Zip:		Hours per week: _____
Phone:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Self-employed	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly Work Schedule: _____
Did you change jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Start Date _____ If you changed jobs or were terminated, state when and why: _____		
Were you terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, End Date _____		

### PART D: VEHICLES (List all vehicles owned or driven by you.)

1. Year / Make / Model / Color:	Mileage:	Tag Number:	Owner:
		Vehicle ID#:	
2. Year / Make / Model / Color:	Mileage:	Tag Number:	Owner:
		Vehicle ID#:	

### PART E: COMPLIANCE WITH CONDITIONS OF SUPERVISION DURING THE PAST MONTH

(Attach copy of citation, receipt, charges, disposition, etc.)

Were you questioned by any law enforcement officers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____ Agency: _____ Reason: _____	Were you arrested or named as a defendant in any criminal case? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and where? _____ Charges: _____ Disposition: _____
Were any pending charges disposed of during the month? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____ Court: _____ Disposition: _____	Do you have a monthly co-pay for Substance Abuse Counseling, Mental Health Counseling and/or Electronic Monitoring? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount paid during the month: \$ _____

**I CERTIFY THAT ALL ANSWERS ARE COMPLETE AND CORRECT. I UNDERSTAND THAT A FALSE STATEMENT MAY RESULT IN REVOCATION OF MY RELEASE IN ADDITION TO PROSECUTION UNDER 18 U.S.C. § 1001.**

Reviewed By: \_\_\_\_\_  
 Signature  
 \_\_\_\_\_  
 Officers Signature

\_\_\_\_\_  
 Date  
 \_\_\_\_\_  
 Date

*Mail this completed form to:*  
 333 West 4<sup>th</sup> Street  
 Suite 3820  
 Tulsa, OK 74103