

MONTHLY SUPERVISION REPORT

Report for month of:		PACTS Number:		Supervision officer name:	
Full name:			Home phone:		Mobile phone:
Did you move in the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, when did you move?		E-Mail address:	
Current Home Street Address:					
City:		State:	Zip/Postal code:		County:
With whom do you reside:			At home, who is aware of your charges?		
Do you own or operate a vehicle: <input type="checkbox"/> Yes <input type="checkbox"/> No			CAR 1		CAR 2
		Make of car			
		Model of car			
Did you start a new job in the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No		Year of car			
If yes, start date?		Color of car			
		License plate #			
Are you currently: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self Employed <input type="checkbox"/> Full time student <input type="checkbox"/> Retired <input type="checkbox"/> On disability					
Name of employer or school:			Job title:		Work phone:
Current employment address:					
City:		State:	Zip/Postal code:		County:
Supervisor's name:			Monthly income:		Work hours:
Did you receive any money other than from employment such as loans, relief benefits, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No				At work, who knows of your charges?	
If yes, give amounts and from whom received:					
Have you had any contact with law enforcement or another court in the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No				Were you charged with an offense? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, which agency/court and give dates of contact?					
What was the outcome?					
Comments:					
I CERTIFY THAT ALL ANSWERS ARE COMPLETE AND CORRECT. I UNDERSTAND THAT A FALSE STATEMENT MAY RESULT IN THE REVOCATION OF MY RELEASE, IN ADDITION TO THE PROSECUTION UNDER TITLE 18, U.S.C., SECTION 1001					

Date signed: _____

Defendant's Signature _____

Return this report to (Seattle Office): U.S. Pretrial Services 700 Stewart Avenue, Suite 10101 Seattle, WA 98101 (206) 370-8950	Return this report to (Tacoma Office): U.S. Pretrial Services 1717 Pacific Avenue, Suite 1152 Tacoma, WA 98402 (253) 882-3705	(For Office Use Only) Reviewed by Officer (Initials):	(For Office Use Only) Date Received:
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