U.S. Pretrial Services — District of Oregon

MONTHLY SUPERVISION REPORT

ne:
e:
trial Services Officer's Name:
ructions: Complete and submit to your Pretrial Services Officer for review. Supporting documentation should be submitted with this ort.
Residential Information
a. Name of all occupants residing in the home:
b. Age of all occupants residing in the home:
c. Name/age of frequent visitor(s):
Vehicles: Provide the Make, Model, Color, License Plate Number for any and all vehicles you have access to. Identify which is the primary vehicle and if you are the owner of the vehicle. a. Vehicle 1:
b. Vehicle 2:
Financial Statements
a. Did you bring copies of your most recent cell phone bill, bank account statements, cable and internet statements, tax returns, etc? (Y) (N)
Post Office Boxes ☐ None
a. Address:
b. Are any packages, magazines delivered to your PO Box? List the items
Off-site Storage Spaces None
a. Address:b. Provide an inventory of the items stored:
Associations a. Who do you associate with? Any under criminal justice supervision for a sex crime or other crimes of violence?
Have you had any contact with law enforcement? (Y) (N). If yes, please explain:
Attach all documents (receipts, appointment cards, etc.) from any and all approved leave activities. It is your
responsibility to organize them on separate sheets of paper labeled with your name and date. Each form is a
separate date. (Chronological order)
Have you accessed the Internet on an unmonitored/unapproved computer or Internet capable device during the month? \square Yes \square No
Has someone else accessed the Internet on your behalf? ☐ Yes ☐ No
If so, who and for what purpose?
Name: Phone:

 Employm 	ent Iı	nforma	ation										
			ddress of emp										
b. V	/ere	you ab	sent from wo	ork and	if so, pr	ovide d	ates and	reasor	for y	our abse	nce:		
c. V	/ere	you	terminated	from	work,	if so	, what	was	the	reason	for	your	termination
d. D	id yo	ou brin	ng a copy of y	our mo	st recen	t pay st	ıb or inc	ome v	erific	ation (Y)	(N)		
e. D	Do you have Internet access at your employment? ☐ Yes ☐ No												
N	ame	of sup	ervisor:			Pł	one:						
			napproved con								18) du	iring th	ne
mont	n?	□ Yes	i □ No										
13. Have	you	been a	lone with any	y minor	(s) durii	ng the n	onth?	\square Y	es [□No			
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a.	V	Vhere	did you stay?	Provid	de addre	ss:							
b	V	Vho w	as present? _										
c.			nere minors p										
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Signature						Date							