

Officer: _____

**DISTRICT OF OREGON
PRETRIAL SERVICES SUPERVISION REPORT**

PLEASE FILL OUT THIS FORM COMPLETELY. DO NOT WRITE "SAME" AS A RESPONSE.

Name: _____ Today's Date: _____
Address : _____ License: _____
_____ Insurance: _____
Telephone: _____ Auto Make/Model/Color (Either Owned or Driven) _____
Cell #: _____ Pager #: _____
Live With: _____ Recent Travel: _____
Last Office Visit: _____ Where? _____

EMPLOYMENT/EDUCATION:

Employer/School: _____ Hours: _____
Address: _____ Wages: _____
Supervisor and Phone: _____ Other Income: _____
Have You Missed Any Work or School? Yes _____ No _____
If "YES", State Reasons: _____

TREATMENT/COUNSELING: (Alcohol, Drug, Mental Health, Antabuse, NA, AA etc.) Please circle.

Agency Name: _____ Last Appointment: _____
Counselor: _____ Next Appointment: _____
UA Color: _____ Last UA: _____

Have you had any contact with law enforcement while on pretrial release? YES _____ NO _____
If "YES", explain: _____

Are you presently under state/county supervision? _____
Officer's Name/Phone: _____
Next Court Date: _____ Where? _____

COMMENTS: _____

I ACKNOWLEDGE THE ABOVE INFORMATION TO BE TRUE AND CORRECT. I UNDERSTAND THAT A FALSE STATEMENT MAY RESULT IN REVOCATION OF MY RELEASE, IN ADDITION TO PROSECUTION UNDER 18 USC 1001.

SIGNATURE _____ **DATE:** _____

REVIEWED BY: _____ **DATE:** _____
Officer's Signature