

**EASTERN DISTRICT OF NEW YORK
PRETRIAL SERVICES AGENCY
MONTHLY SUPERVISION REPORT FORM**

Case Officer: _____

Name: _____

Address: _____

Mailing Address: _____

Telephone No.: _____ Cellular Phone No.: _____

Pager No.: _____ Other Contact No.: _____

Have you moved ? Yes _____ No _____

Do you plan to moved in the near future? Yes _____ No _____

Why are you moving? _____

List persons living with you: _____

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Employment and Income Information

Name of Company/Employer: _____

Address of Employment: _____

Telephone Number: _____ Job Title: _____

Work Days/Hours: _____ Salary: _____

Do you have another job? Yes _____ No _____

If yes, provide additional employment information _____

If unemployed, how are you supporting yourself? _____

Have you been arrested or questioned by law enforcement this month? Yes _____ No _____

If yes, explain and provide details: _____

Date and location of your next court date? _____
Name of Attorney: _____ Telephone No: _____

Have you used any illicit substances since your release? Yes _____ No _____
If yes, indicate when and the type of substance used: _____

Reason For In -Person Visit

- Regular report
- This is my first visit to the office. I need to have the conditions of release explained to me.
- Special problem. Explain _____

- Other matter. Explain _____

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 prosecution under 18 U.S.C. 1001.

Signature

Date

Officer's Signature

Date