U.S. PRETRIAL SERVICES OFFICE - DISTRICT OF HAWAII

MONTHLY SUPERVISION REPORT FOR THE MONTH OF _____, _____

NAME:	ASSIGNED OFFICER:
NEXT COURT DATE:	TYPE OF HEARING:
CURRENT RESIDENCE: Street Address/City/Zip Code _____ _____ Telephone: _____ Cellular: _____ Email: _____	HAVE THERE BEEN ANY CHANGES SINCE THE LAST MONTHLY SUPERVISION REPORT: 1. DID YOU MOVE? ☐ NO ☐ YES, Reason:_____ 2. PERSONS LIVING WITH YOU? ☐ NO ☐ YES, List: 3. PETS IN THE HOME?
NAME AND ADDRESS OF CURRENT EMPLOYER OR SCHOOL: EMPLOYER TELEPHONE NUMBER: HAVE YOU CHANGED JOBS? YES_____ NO_____ **ATTACH A COPY OF YOUR MOST RECENT PAY STUB OR BENEFITS CHECK**	LIST ALL MONEY RECEIVED OTHER THAN FROM EMPLOYMENT, INCLUDING SPOUSE'S INCOME, LOANS, RELIEF BENEFITS, ETC. GIVE SOURCE:
LIST ANY TRAVEL SINCE THE LAST MONTHLY SUPERVISION REPORT:	
DO YOU POSSESS OR HAVE ACCESS TO FIREARMS OR OTHER WEAPONS? ☐ NO ☐ YES, Explain:_____ ARE THERE ANY FIREARMS OR WEAPONS AT YOUR RESIDENCE ☐ NO ☐ YES, Explain:_____	
HAVE YOU BEEN QUESTIONED BY LAW ENFORCEMENT OR ARRESTED SINCE THE LAST MONTHLY SUPERVISION REPORT? ☐ NO ☐ YES, Explain (when, where, by whom, charge, status of case):	LIST THE STATUS OF ANY PENDING CRIMINAL OR CIVIL CASES /JUDGMENTS AGAINST YOU:
DO YOU HAVE MEDICAL INSURANCE? ☐ NO ☐ YES, PLEASE LIST YOUR MEDICAL INSURANCE PROVIDER_____	
PLEASE NOTE, YOU ARE REQUIRED TO NOTIFY YOUR PRETRIAL SERVICES OFFICER IMMEDIATELY IF YOU ARE CHARGED WITH ANY OFFENSE, OR IF YOU CHANGE YOUR ADDRESS, TELEPHONE, OR EMPLOYMENT.	
PLEASE NOTE ANY COMMENTS:	
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. _____ Signature _____ Date	
Reviewed By: _____ U.S. PRETRIAL SERVICES OFFICER _____ Date	

MAIL OR DELIVER TO:

U.S. Pretrial Services Office
300 Ala Moana Blvd., Room 7-222
Honolulu, HI 96850-7222
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