



NAME:

WEEKLY SCHEDULE

Deviation from schedule, being in presence of an unauthorized person or in an unauthorized area may result in a violation and your return Court. You must take the most direct route to and from each location.

DATE	B U S #	Person with you	PURPOSE/ ADDRESS	DEPART and RETURN TIME	VERIFICATION Stamp, Signature, Dr. Note, Receipt, Work Schedule

****DUE EACH THURSDAY BY 4:30 P.M,**

FAX 808-541-3507 OR

EMAIL: uspretrialhawaii@gmail.com (Note: place "LM schedule" and the officer's initials in the subject line)