

U.S. PRETRIAL SERVICES OFFICE - DISTRICT OF HAWAII

MONTHLY SUPERVISION REPORT FOR MONTH OF _____, _____

*Form to reflect information for the prior month

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| 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? <input type="checkbox"/> NO <input type="checkbox"/> YES, Explain: _____ 2. PERSONS LIVING WITH YOU? <input type="checkbox"/> NO <input type="checkbox"/> YES, List: 3. PETS IN THE HOME? |
| NAME AND ADDRESS OF CURRENT EMPLOYER OR SCHOOL: EMPLOYER TELEPHONE NUMBER: HAVE YOU CHANGED JOBS? <input type="checkbox"/> NO <input type="checkbox"/> YES ATTACH COPY OF ALL PAY STUBS 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? <input type="checkbox"/> NO <input type="checkbox"/> YES, Explain: _____ | |
| ARE THERE ANY FIREARMS OR WEAPONS AT YOUR RESIDENCE? <input type="checkbox"/> NO <input type="checkbox"/> YES, Explain: _____ | |
| HAVE YOU BEEN QUESTIONED BY LAW ENFORCEMENT OR ARRESTED SINCE THE LAST MONTHLY SUPERVISION REPORT? <input type="checkbox"/> NO <input type="checkbox"/> YES, Explain (when, where, by whom, charge, status of case): | LIST THE STATUS OF ANY PENDING CRIMINAL OR CIVIL CASES /JUDGMENTS AGAINST YOU: |
| HAVE YOU OBTAINED, RENEWED, OR REPLACED YOUR IDENTIFICATION? <input type="checkbox"/> NO <input type="checkbox"/> YES, ATTACH COPY | |
| HAS THERE BEEN A CHANGE IN VEHICLE(S) OWNED, LEASED, OR DRIVEN BY YOU? <input type="checkbox"/> NO <input type="checkbox"/> YES, Explain _____ | |
| DO YOU HAVE MEDICAL INSURANCE? <input type="checkbox"/> NO <input type="checkbox"/> YES, LIST 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:

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