

**U.S. PRETRIAL SERVICES OFFICE - DISTRICT OF HAWAII**

**MONTHLY SUPERVISION REPORT FOR MONTH OF \_\_\_\_\_, \_\_\_\_\_**

\*Form to reflect information for the prior month

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 <b>ATTACH COPY OF ALL PAY STUBS OR BENEFITS CHECK</b>	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, <b>ATTACH COPY</b>	
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 _____	
<b>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.</b>	
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 2100  
 Honolulu, HI 96850  
 Fax: 808-541-3507  
 Website: <http://www.hipt.uscourts.gov>  
 E-mail: [uspretrialhawaii@gmail.com](mailto:uspretrialhawaii@gmail.com)