U.S. PRETRIAL SERVICES OFFICE - DISTRICT OF HAWAII

SUPPLEMENTAL QUESTIONS (GENERAL)

FOR MONTH OF_____, _____

*****Form to reflect information for the prior month

Name: _____

I CERTIFY THAT ALL INFORMATION FURNISHED IS 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**

Please answer these questions for the period of time since you submitted your most recent Monthly Supervision Report and/or Supplemental Report. Since your last report…

1. Are there new person(s) living with you?

   ☐ Yes - If yes, explain.
   ☐ No

2. List all money received other than from employment, including spouse's income, loans, relief benefits, etc. Explain sources:

3. Have you obtained, renewed, or replaced your identification?

   ☐ Yes - If yes, please attach copy.
   ☐ No

4. Has there been a change in vehicle(s) (including but not limited to automobiles, motorcycles, mopeds, boats, airplanes) owned, leased, or driven by you?

   ☐ Yes - If yes, explain.
   ☐ No

5. Do you have medical insurance?

   ☐ Yes - If yes, list medical insurance provider.
   ☐ No

6. Have you obtained a post office box or changed your mailing address?

   ☐ Yes - If yes, explain.
   ☐ No

7. Do you have a storage unit or have you obtained a storage unit?

   ☐ Yes - If yes, explain.
   ☐ No