

U.S. PRETRIAL SERVICES OFFICE - DISTRICT OF HAWAII

PRETRIAL DIVERSION MONTHLY REPORT FOR THE MONTH OF _____, _____

NAME:	ASSIGNED OFFICER:																				
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, Reason: 2. PERSONS LIVING WITH YOU? 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 DEBTS PAST DUE AND AMOUNTS:																				
LIST ALL MONEY RECEIVED OTHER THAN FROM EMPLOYMENT, INCLUDING SPOUSE'S INCOME, LOANS, RELIEF BENEFITS, ETC. GIVE SOURCE:	LIST VEHICLES OWNED OR DRIVEN BY YOU: <table border="1"> <thead> <tr> <th>YEAR</th> <th>MAKE</th> <th>COLOR</th> <th>LICENSE NO.</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td><td></td></tr> </tbody> </table>	YEAR	MAKE	COLOR	LICENSE NO.	1.				2.				3.				4.			
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2.																					
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4.																					
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):	DO YOU HAVE A FINE OR RESTITUTION OBLIGATION: YES _____ NO _____ AMOUNT PAID THIS MONTH: _____ DO YOU HAVE A COMMUNITY SERVICE OBLIGATION: YES _____ NO _____ HOURS WORKED THIS MONTH: _____																				
DO YOU POSSESS OR HAVE ACCESS TO FIREARMS OR OTHER WEAPONS? YES _____ NO _____ EXPLAIN: ARE THERE ANY FIREARMS OR WEAPONS AT YOUR RESIDENCE? YES _____ NO _____ EXPLAIN:																					
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. IN ADDITION, A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN THE REVOCATION OF YOUR PRETRIAL DIVERSION PROGRAM AND HAVING YOUR CASE REFERRED TO THE U.S. ATTORNEY FOR PROSECUTION.																					
PLEASE NOTE ANY COMMENTS:																					
I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. Signature _____ Date _____ <input type="checkbox"/> Please check box if additional monthly supervision forms are needed.																					
Reviewed By: _____ U.S. PRETRIAL SERVICES OFFICER Date																					

MAIL OR DELIVER TO:

<p>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</p>
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