U.S. PRETRIAL SERVICES OFFICE - DISTRICT OF HAWAII
THIRD PARTY CUSTODIAN - UPDATE REPORT

THIRD PARTY CUSTODIAN (NAME):	DEFENDANT'S NAME:
DATE OF LAST CONTACT WITH DEFENDANT:	TYPE OF CONTACT (In-person, telephone, e-mail, etc.):
DEFENDANT'S CURRENT RESIDENCE: Street Address/City/Zip Code _____ _____ Telephone: _____ Cellular: _____ Pager: _____	HAVE THERE BEEN ANY CHANGES IN DEFENDANT'S HOME, EMPLOYMENT, LIFESTYLE, OR BEHAVIOR? ❑ NO ❑YES, If YES, please explain.
DEFENDANT'S CURRENT EMPLOYER OR SOURCE OF INCOME: _____	HOW OFTEN DO YOU HAVE PERSONAL CONTACT WITH DEFENDANT?

DOES THE DEFENDANT POSSESS OR HAVE ACCESS TO FIREARMS OR OTHER WEAPONS**?** ❑ NO ❑YES, Explain:_____

ARE THERE ANY FIREARMS OR WEAPONS AT THE DEFENDANT'S RESIDENCE? ❑ NO ❑YES, Explain:_____

HAS THE DEFENDANT BEEN QUESTIONED BY LAW ENFORCEMENT OR ARRESTED? ❑ NO ❑YES, Explain (when, where, by whom, charge, status of case):	DO YOU KNOW DEFENDANT'S NEXT COURT DATE? ❑YES, List: _____ ❑NO, Please contact the U.S. Pretrial Services Officer for updated information.

PLEASE NOTE, YOU ARE REQUIRED TO NOTIFY THE U.S. PRETRIAL SERVICES OFFICE IMMEDIATELY IF YOUR CONTACT INFORMATION HAS CHANGED. <u>IF THERE HAVE BEEN CHANGES TO YOUR CONTACT INFORMATION, PLEASE COMPLETE THE ATTACHED FORM AND RETURN WITH THIS REPORT.</u>

PLEASE NOTE ANY COMMENTS/CONCERNS**:**

I CERTIFY THAT ALL ANSWERS ARE COMPLETE AND CORRECT. I UNDERSTAND THAT FAILURE TO FULFILL THE RESPONSIBILITIES OF THIRD PARTY CUSTODIAN MAY RESULT IN PROSECUTION UNDER 18 U.S.C. § 401, CONTEMPT OF COURT.

_____ _____
Third Party Custodian's 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

THIRD PARTY CUSTODIAN AGREEMENT
CONTACT INFORMATION

DEFENDANT: _____
Case Number: _____

THIRD PARTY CUSTODIAN: _____
RELATIONSHIP TO DEFENDANT: _____ (spouse, friend, co-worker)

ADDRESS: _____ (Street Address)
_____ (City, State)
_____ (Zip code)

MAILING ADDRESS (If different than above or P.O. Box):
_____
_____

Home Phone: (___) _____
Cellular Phone: (___) _____
Pager: (____) _____
**Please list best TIME to call:* _____
**Circle best number to use.*

NAME OF EMPLOYER: _____
EMPLOYER'S ADDRESS: _____ (Street Address)
_____ (City, State)
_____ (Zip code)
Work Phone: (___) _____
Work Cellular Phone: (___) _____
Work Pager: (____) _____
**Okay to call me at employment?* Yes / No
**Please note best TIME to call:* _____
**Circle best number to use.*
OTHER CONTACT INFORMATION: _____
_____
_____

The information provided above is complete and accurate. I agree to immediately notify the U.S. Pretrial Services Office of any changes to the above-noted contact information.

_____ _____
THIRD PARTY CUSTODIAN Date