

PRETRIAL DIVERSION MONTHLY REPORT

SUPERVISION REPORT FOR MONTH OF _____, 20____
 (All questions pertain to the month indicated above)

NAME:	TELEPHONE #	CELLULAR / BEEPER #:
ADDRESS:	HAVE YOU MOVED? Yes ___ No ___ If yes, give date & explain	
LIST PERSONS LIVING WITH YOU?	HAVE YOU CHANGED JOBS? Yes ___ No ___ If yes, give date & explain	
NAME & ADDRESS OF EMPLOYER OR SCHOOL:	IF UNEMPLOYED, HOW DO YOU SUPPORT YOURSELF?	
JOB DESCRIPTION & GROSS AMOUNT EARNED FROM EMPLOYMENT:	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:	WERE YOU ARRESTED OR QUESTIONED BY LAW ENFORCEMENT OFFICIALS? Yes ___ No ___ If yes, explain Date: _____ Place: _____	
HOW MANY DAYS OF WORK OR SCHOOL DID YOU MISS: _____ Explain:	DO YOU HAVE A FINE OR RESTITUTION OBLIGATION: Yes ___ No ___ HAVE YOU MADE PAYMENT THIS MONTH? Yes ___ No ___ If no, explain	
DO YOU HAVE COMMUNITY SERVICE? Yes ___ No ___ HOW MANY HOURS DID YOU COMPLETE THIS MONTH? _____ # of Hours Completed, If none, explain		

NOTE: 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.

SIGNATURE _____ DATE: _____

___ Please mail me additional supervision report forms.

SIGNATURE OF PSO: _____ DATE: _____	MAIL OR DELIVER THIS FORM TO: U.S. PROBATION OFFICE Attn: Pretrial Services 500 POYDRAS STREET ROOM B-505 NEW ORLEANS, LOUISIANA 70130
COMMENTS:	