INSTRUCTIONS FOR THE MONTHLY SUPERVISION REPORT

General Instructions

- 1. Always complete the report for the month prior.
- 2. Submit an original report within the first five working days of each month. Xeroxed or faxed copies will not be accepted.
- 3. Complete the report in ink, not pencil.
- 4. Complete every blank of the report. If a particular section does not apply to you, write "NA".

PART A: Residence

1. List all names of persons who live with you.

PART B: Employment

- 1. Under "Normal Work Hours" report your typical work schedule (i.e., 9:00 a.m to 5:00 p.m.).
- 2. "Gross Income" is the total amount of income you are paid before taxes or any other deductions are made.
- 3. A medical excuse may be required for an extended period of time off from employment.

PART C: Vehicles

1. List all vehicles owned or driven by you including company cars and motorcycles. This also includes vehicles owned by you but not driven (antique cars).

PART D: Monthly Financial Statement

- 1. "Net Income From Employment" is the actual amount of income you take home after taxes and all deductions have been made.
- 2. Report all additional sources of income under "Other Income." Other income may include but is not limited to spouse's income, income from a second or part-time job, gifts, loans, tax refunds, cash advances from credit cards, dividends, withdrawals from savings accounts, etc.
- 3. Verify all sources of income monthly. This may be done through pay stubs, bank statements, etc.
- 4. Total monthly expenses should reflect the information provided by you on the Monthly Expense Sheet. If monthly expenses exceed total income, an explanation must be provided.

PART E: Compliance With Conditions of Supervision During the Past Month

1. Regarding your special assessment, restitution or fine, report the amount you actually paid during the month.

I have read, understand, and have had these instructions explained to me by the probation officer. I understand that failure to comply may lead to revocation of my supervision. Further, I understand any false statement by me (including factual omissions) may also result in revocation of my supervision.

Acknowledged:		Date:
-	Signature	
Probation Officer:		Date:
	Signature	