

Name of Pretrial Services Officer \_\_\_\_\_

Pretrial I.D.# \_\_\_\_\_

PRETRIAL SERVICES SUPERVISION REPORT

Name: \_\_\_\_\_  
(Please Print)

When is your next court date? \_\_\_\_\_

Residence: \_\_\_\_\_  
(No. and Street) (City) (State/Zip) (Home Telephone)

Have you moved since the last Pretrial Services Supervision Report? \_\_\_ Yes \_\_\_ No

If yes, provide previous residence and reason for move: \_\_\_\_\_  
\_\_\_\_\_

Employment: \_\_\_\_\_  
(Name) (Address) (Work Telephone)

Job Title: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Has your employment changed since the last Pretrial Services Supervision Report? \_\_\_ Yes \_\_\_ No

If yes, explain: \_\_\_\_\_

Have you been questioned by law enforcement or arrested since the last Pretrial Services Supervision Report? \_\_\_ Yes \_\_\_ No

If yes, explain (when, where, by whom, charge, status of case): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I CERTIFY THAT ALL ANSWERS ARE 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

Reviewed by: \_\_\_\_\_  
Officer's Signature Date

MAIL OR DELIVER THIS FORM TO: U. S. Probation Office  
517 E. Wisconsin Ave., Rm. 001  
Milwaukee, WI 53202