

PART E: COMPLIANCE WITH CONDITIONS OF SUPERVISION DURING THE PAST MONTH

<p>Were you questioned by any law enforcement officers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, date: _____</p> <p>Agency: _____</p> <p>Reason: _____</p>	<p>Were you arrested or named as a defendant in any criminal case? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, when and where? _____</p> <p>Charges: _____</p> <p>Disposition: _____</p>
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(Attach copy of citation, receipt, charges, disposition, etc.)

<p>Were any pending charges disposed of during the month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, date: _____</p> <p>Court: _____</p> <p>Disposition: _____</p>	<p>Was anyone in your household arrested or questioned by law enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, whom? _____</p> <p>Reason: _____</p> <p>Disposition: _____</p>
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<p>Did you have any contact with anyone having a criminal record? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, whom? _____</p>	<p>Did you possess or have access to a firearm? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, why? _____</p>
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<p>Did you possess or use any illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, type of drug: _____</p>	<p>Did you travel outside the district without permission? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, when and where? _____</p>
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Do you have a special assessment, restitution, or fine? Yes No If yes, amount paid during the month:

Special Assessment: _____ Restitution: _____ Fine: _____

NOTE: ALL PAYMENTS TO BE MADE BY MONEY ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.

<p>Do you have community service work to perform? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Number of hours completed this month: _____</p> <p>Number of hours missed: _____</p> <p>Balance of hours remaining: _____</p>	<p>Do you have drug, alcohol, or mental health aftercare? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, did you miss any sessions during this month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did you fail to respond to phone recorder instructions? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, why? _____</p>
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<p>WARNING: ANY FALSE STATEMENTS MAY RESULT IN REVOCATION OF PROBATION, SUPERVISED RELEASE, OR PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A \$250,000 FINE, OR BOTH.</p> <p align="center">(18 U.S.C. § 1001)</p>	<p>I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT.</p> <p>_____ DATE</p> <p>SIGNATURE _____</p>
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<p>REMARKS:</p> <p>_____ U.S. Probation Officer</p> <p>_____ Date</p>	<p>RECEIVED:</p> <p>_____ Mail _____ OC</p> <p>_____ HC _____ CC</p> <p>RETURN TO:</p>
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