

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR _____, 20 ____

Name:	Probation Officer:
Street Address, Apt. Number	Mailing Address (if different)
City, State, Zip Code	City, State, Zip Code
Do you have a home phone? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number?	E-mail address: Password:
Do you have a cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide make, model, and phone number for each phone you have?	Do you text from your cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Can your cell phone access the internet? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you maintained or created any e-mail addresses, Facebook, Snapchat, Instagram, MySpace, Twitter, or other social network accounts (including dating sites and/or apps)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list accounts, user names, and passwords. (Attach separate sheet if necessary)
Is there a passcode lock on your phone? If yes, please provide code(s).	
Have you accessed the internet in the past month? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, with what device(s) and where.	Have you viewed any pornography within the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate on which devices below.
Has anyone accessed the internet on your behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, with what device, where, who, and for what purpose?	<input type="checkbox"/> Cell phone <input type="checkbox"/> Internet <input type="checkbox"/> TV <input type="checkbox"/> Other (Explain) <input type="checkbox"/> DVD/Video
Do you have an approved Computer Use Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you used any devices NOT on your approved Computer Use Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the device(s).	Did you complete any volunteer, community service, or work crew hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where: _____ No. of hours: _____ Did you have contact with anyone under the age of 18 at the worksite? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had contact with anyone under the age of 18 within the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____ How? <input type="checkbox"/> Face to Face <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Internet <input type="checkbox"/> E-mail <input type="checkbox"/> Other Explain _____	What is your supervisor's name and number?
Do you have a responsible adult approved by your Probation Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the following: Who: _____ Telephone No.: _____	Are you enrolled in any type of educational classes or workshops? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where: _____ Type of classes/workshops: _____ Did you have contact with anyone under the age of 18 during this program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did you have contact with anyone under the age of 18 in the presence of this responsible adult? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and where?	Have you visited any locations where children are likely to congregate in the past month? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate below: <input type="checkbox"/> School <input type="checkbox"/> Other location frequented by children (please list) <input type="checkbox"/> Amusement Park <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Entertainment Center/Arcade <input type="checkbox"/> Fair
Do you own any video gaming systems capable of accessing the internet? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list which systems?	

<p>Did you disclose your sex offender conviction to anyone in the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Were you in a relationship within the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide the following information: Name: _____ Phone #: _____</p> <p>Does your significant other have any children under the age of 18 residing with him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please list the names of the minors: _____</p> <p>Does your significant other have internet access? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is your significant other aware of your sex offender charge/previous conviction? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have a gym membership? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list what gym and where it is located. Name: _____ Location: _____</p>	<p>Have you stayed overnight at any location other than your reported address? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please provide the following information:</p> <p>Address of where you stayed: _____</p> <p>Who was present: _____</p> <p>Was there anyone under the age of 18 present? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>Do you own a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list Year/Make/Model/Color and your license plate number(s) for each vehicle.</p> <hr/> <p>Did you travel outside the State of Vermont? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, when and where? _____</p> <hr/> <p>Do you have mental health or sex offender treatment/aftercare? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate below:</p> <p><input type="checkbox"/> Mental Health Treatment/Aftercare Provider: _____</p> <p><input type="checkbox"/> Sex Offender Treatment/Aftercare Provider: _____</p>				
<p>Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide information for each job: <i>Name of Employer</i></p> <hr/> <p><i>Address</i></p> <hr/> <p><i>Phone No.</i></p> <hr/> <p>Is your employer aware of your sex offender status? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did you have contact with anyone under the age of 18 during work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, whom? _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Name of Immediate Supervisor</td> <td style="width: 50%; padding: 5px;">Position Held</td> </tr> <tr> <td style="padding: 5px;">Gross Wages <small>(Please provide income documentation)</small></td> <td style="padding: 5px;">Normal Work Schedule</td> </tr> </table> <p>Did you miss any days of work in the past month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how many _____ and why?</p> <hr/> <p>Do you have a checking or savings account? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please indicate below:</p> <p><input type="checkbox"/> Checking Account Bank Name: _____ Account No.: _____</p> <p><input type="checkbox"/> Savings Account Bank Name: _____ Account No.: _____</p> <p><i>Attach a complete listing of all other financial account information, if you have multiple accounts.</i></p>	Name of Immediate Supervisor	Position Held	Gross Wages <small>(Please provide income documentation)</small>	Normal Work Schedule
Name of Immediate Supervisor	Position Held				
Gross Wages <small>(Please provide income documentation)</small>	Normal Work Schedule				
<p>Were you questioned by any law enforcement officers in the past month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, date: _____</p> <p>Agency: _____</p> <p>Reason: _____</p>	<p>Do you rent or have access to a post office box, safe deposit box, or storage space? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate below:</p> <p><input type="checkbox"/> Post Office Box Location(s) _____</p> <p><input type="checkbox"/> Safe Deposit Box Location(s) _____</p> <p><input type="checkbox"/> Storage Space Location(s) _____</p>				
<p>I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT</p> <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. (18 U.S.C. § 1001)</p> <hr/> <p>Signature _____ Date _____</p>	<p>Remarks:</p> <hr/> <p>U.S. Probation Officer Signature _____ Date _____</p> <p style="text-align: center;">RETURN TO:</p> <p style="text-align: center;">US Probation Office P.O. Box 432 Burlington, VT 05402-0232</p>				