

PRETRIAL DIVERSION MONTHLY REPORT

ATTN: USPSO _____

SUPERVISION REPORT FOR MONTH OF _____, 19____
(All questions pertain to the month indicated above.)

NAME:	TELEPHONE NUMBER:																									
ADDRESS:	HAVE YOU MOVED? Yes _____ No _____ If yes, give date and explain:																									
LIST PERSONS LIVING WITH YOU?	HAVE YOU CHANGED JOBS? Yes _____ No _____ If yes, give date and explain:																									
NAME AND ADDRESS OF EMPLOYER OR SCHOOL:	IF UNEMPLOYED, HOW DID YOU SUPPORT YOURSELF?																									
JOB DESCRIPTION AND GROSS AMOUNT EARNED FROM EMPLOYMENT:	LIST ALL DEBTS PAST DUE AND AMOUNTS:																									
HOW MANY DAYS OF WORK OR SCHOOL DID YOU MISS: _____ WHY:	WERE YOU ARRESTED OR QUESTIONED BY LAW ENFORCEMENT OFFICIALS? Yes _____ No _____ If yes: DATE: _____ PLACE: _____ DETAILS: DISPOSITION:																									
LIST ALL MONEY RECEIVED OTHER THAN FROM EMPLOYMENT, INCLUDING SPOUSE'S INCOME, LOANS, RELIEF BENEFITS, ETC. GIVE SOURCE:																										
LIST ALL VEHICLES OWNED OR DRIVEN BY YOU: <table border="1"> <thead> <tr> <th></th> <th>YEAR</th> <th>MAKE</th> <th>COLOR</th> <th>LIC. NO.</th> </tr> </thead> <tbody> <tr><td>1)</td><td></td><td></td><td></td><td></td></tr> <tr><td>2)</td><td></td><td></td><td></td><td></td></tr> <tr><td>3)</td><td></td><td></td><td></td><td></td></tr> <tr><td>4)</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		YEAR	MAKE	COLOR	LIC. NO.	1)					2)					3)					4)					DO YOU HAVE A FINE OR RESTITUTION OBLIGATION: Yes _____ No _____ HAVE YOU MADE PAYMENT THIS MONTH? Yes _____ No _____ IF NO, EXPLAIN:
	YEAR	MAKE	COLOR	LIC. NO.																						
1)																										
2)																										
3)																										
4)																										

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.

PSO COMMENTS: HOW FORM OBTAINED
Mail _____ OV _____ HC _____ CV _____

RETURN THIS FORM TO

SIGNATURE OF PSO _____

DATE