

PRETRIAL SERVICES SUPERVISION REPORT

I. Name: _____
(Please Print)

II. When is your next court date? _____

III. 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: _____

IV. Employment _____
(Name) (Address) (Work Telephone)

Job Title: _____

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

If yes, explain: _____

V. 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
30 South 6th Street, 1064
Fort Smith, AR 72902