

SAMPLE MSR INSTRUCTIONS

ALL BLOCKS AND SECTIONS MUST BE COMPLETED.
IF THE ANSWER IS NONE OR NOT APPLICABLE (N/A), MAKE THAT ENTRY.

(NOTE: Numbers correspond to those on the sample monthly report form attached)

- ① Due by 5th day of the following month. Always write the month that just ended.
- ② Include temporary or occasional residents.
- ③ Any change in employment status **MUST** be reported within 72 hours and on this form. Changes include, but are not limited to location, pay, job duties, hours, etc. (Closely held business, corporation or partnership - attach separate income/expense statement.)
- ④ Include partial days.
- ⑤ **ANY** vehicle you drove during the month, whether you are the owner or not.
- ⑥ You **MUST** verify all sources and attach documentation, i.e., checks, pay stubs, statement, etc. **MUST** report all sources, i.e., gifts, loans, winnings, found money, insurance reimbursements, refund, loan repayments, rents, unemployment, social security, public assistance, dividends, interest, return of capital, corporate/partnership (**MUST** state type), expenses paid by another on your behalf, any money you or your bank receives, any items of value you benefit from in any way, etc., etc., etc.
- ⑦ Include any box or storage shed you have any belongings in or any key to.
- ⑧ Any account you sign on or have access to in any way or any control of. You are instructed to keep all bank statements, and other financial documents, i.e., tax returns, credit or mortgage applications, etc. (to be made available to USPO upon request).
- ⑨ If an item is less than \$500.00 then income amount on total monthly expenses. **MUST** report all monthly expenses. Differences between income and expenses should relate to large purchases and bank balances.
- ⑩ Include any law enforcement contact, including traffic.
- ⑪ You are not to associate with **ANYONE** that was ever convicted of a felony, whether they are on supervision or not, without permission of your probation officer. This includes family members.
- ⑫ Make sure to send a **COPY** of your money order with your report. The amount on each line is the amount paid that month.
- ⑬ Make sure to send the proper community service report form.

**ANY QUESTIONS ABOUT PROPER COMPLETION OF THE REPORT SHOULD BE
ADDRESSED TO YOUR PROBATION OFFICER PRIOR TO SUBMITTING FORM.**

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF 1 April, 20 02

Name: John M. Cobb		DOB: 5/15/1959	Court Name (if different): Johnny M. Cobb	Probation Officer: Guthrie
PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement.)				
Street Address, Apt. Number: 12345 SW 21st Court		Own or Rent?: Own	Home Phone: 561-123-6542	Cellular Phone: 561-517-1234
City, State, Zip Code: Boca Raton, FL 33421		Persons Living With You: Linda Cobb (wife), Mary Cobb (daughter), Judy Snow (mother-in-law) ②		
Secondary Residence: N/A		Own or Rent?	Did you move during the month? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address (if different): Same		E-Mail Address: jmcobb@aol.com	If yes, date moved: 4/11/2002 Reason for Moving:	
PART B: EMPLOYMENT (If unemployed, list source of support under Part D.)				
Name, Address, Phone No. of Employer: Greene Auto Supply 120 Bowen Street Delray Beach, FL 33333 561-783-0000		Name of Immediate Supervisor: Jeff Greene	Is your employer aware of your criminal status? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		How many days of work did you miss? <u>3</u> Why? Daughter sick ④		
		Position Held: Sales Manager	Gross Wages: \$3,600.00	Normal Work Hours: 8:00am - 5:00pm Mon - Sat
Did you change jobs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If changed jobs or terminated, state when and why.		
Were you terminated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		N/A		
PART C: VEHICLES (List all vehicles owned or driven by you.) ⑤				
1. Year/Make/Model/Color: 1998 Ford F-150 Black	Mileage: 63,000	Tag Number: MB876	Owner: John M. Cobb	
		Vehicle I.D.#: 19876543		
2. Year/Make/Model/Color: 2001 Ford Taurus Red	Mileage: 12,000	Tag Number: CD564	Owner: Linda Cobb	
		Vehicle I.D.#: 91234578		
PART D: MONTHLY FINANCIAL STATEMENT				
Net Earnings from Employment: (Attach Proof of Earnings) ⑥		Do you rent or have access to: a post office box? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No a safe deposit box? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No a storage space? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ⑦		
Other Cash Inflows: \$1,570.00 (wife & rental)		Name and Address of Location: Union National Bank 123 723 First Street Boca Raton, FL 33334		
TOTAL MONTHLY CASH INFLOWS: \$4,342.82				
TOTAL MONTHLY CASH OUTFLOW: \$3,452.21				
Do you have a checking account(s)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ⑧		Does your spouse, significant other, or dependant have a checking or savings account that you enjoy the benefits of or make occasional contributions toward?		
Bank Name: Union National Bank		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Account No.: 0004782-4 Balance: \$98.46		Bank Name: _____		
Do you have a savings account(s)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Account No.: _____ Balance: _____		
Bank Name: Union National Bank				
Account No.: 78-2735 Balance: \$1,787.45				
Attach a complete listing of all other financial account information, if you have multiple accounts.				
List all expenditures over \$500 (including, e.g., goods, services, or gambling losses)				
Date 4/13/2002	Amount \$687.12	Method of Payment Visa	Description of Item Refrigerator/Freezer ⑨	
_____	_____	_____	_____	
_____	_____	_____	_____	

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

Were you questioned by any law enforcement officers?
 Yes No

If yes, date: 4/27/2002 **10**

Agency: Palm Beach County Sheriff

Reason: Speeding ticket

Were you arrested or named as a defendant in any criminal case?
 Yes No

If yes, when and where? _____

Charges: _____

Disposition: _____

(Attach copy of citation, receipt, charges, disposition, etc.)

Were any pending charges disposed of during the month?
 Yes No

If yes, date: 4/30/2002

Court: Palm Beach Circuit Court

Disposition: Traffic school, \$800.00 fine

Was anyone in your household arrested or questioned by law enforcement?
 Yes No

If yes, whom? _____

Reason: _____

Disposition: _____

Did you have any contact with anyone having a criminal record?
 Yes No

If yes, whom? Kim Brown, co-worker **11**

Did you possess or have access to a firearm?
 Yes No

If yes, why? _____

Did you possess or use any illegal drugs?
 Yes No

If yes, type of drug: _____

Did you travel outside the district without permission?
 Yes No

If yes, when and where? _____

Do you have a special assessment, restitution, or fine? Yes No If yes, amount paid during the month:

Special Assessment: _____ Restitution: \$100.00 Fine: **12**

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

Do you have community service work to perform?
 Yes No

Number of hours completed this month: 32 **13**

Number of hours missed: none

Balance of hours remaining: 68

Do you have drug, alcohol, or mental health aftercare?
 Yes No

If yes, did you miss any sessions during this month?
 Yes No

Did you fail to respond to phone recorder instructions?
 Yes No

If yes, why? _____

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)

I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT.

John M. Cobb 5/1/2002
 SIGNATURE DATE

REMARKS:

 U.S. Probation Officer

 Date

RECEIVED:

_____ Mail _____ OC
 _____ HC _____ CC

RETURN TO: