©PROB 8 (Rev. 7/04)

S	PROBATION	OFFICER NAME:	
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Street Address, Apt. Number: Own or Rent? Home Phone: Cellular Phone: Pager: City, State, Zip Code: Persons Living With You: Secondary Residence: Own or Rent? Did you move during the month? Yes No Mailing Address (If different): E-Mail Address: If yes, date moved: Reason for Moving: PART B: EMPLOYMENT (If unemployed, list source of support under Part D.) Name, Address, Phone No. of Employer: Name of Immediate Supervisor: Is your employer aware of your criminal status: Yes No How many days of work did you miss? Why? Position Held: Gross Wages: Normal Work Hours: PHONE: Source of support under Part D.) 1. Year/Make/Model/Color: Mileage: Tag Number: Owner: Vehicle I.D.#: Ow	Name: DOB:		Court Name (if different): Probation Officer:		Probation Officer:	
City, State, Zip Code: Persons Living With You:		ress, attach copy of lease/purchase agreement.)				
Secondary Residence: Own or Rent? Did you move during the month?	Street Address, Apt. Number:	Own or Rent?	Home Phone:	Cell	lular Phone:	Pager:
Mailing Address (if different): Be-Mail Address: If yes, date moved:	City, State, Zip Code:		Persons Living With You:			
PART B: EMPLOYMENT (If unem ployed, list source of support under Part D.) Name, Address, Phone No. of Employer: Name of Immediate Supervisor:	Secondary Residence:	Did you move during the month? Yes No				
Name, Address, Phone No. of Employer: Name of Immediate Supervisor:	Mailing Address (if different):	E-M ail Address:	If yes, date moved:			Reason for Moving:
How many days of work did you miss?		PART B: EMPLOYMENT (If und	em ployed, list source of si	upport under	Part D.)	
PHONE: Did you change jobs?	Name, Address, Phone No. of Employer	er:	Name of Immediate Sup	ervisor:	-	
PHONE: Did you change jobs?			How many days of work	did you miss	?	Why?
Did you change jobs? Yes No If changed jobs or terminated, state when and why.	PHONE		Position Held:	Gross Wag	ges:	Normal Work Hours:
1. Year/Make/Model/Color: Mileage:	Did you change jobs? Yes No		If changed jobs or terminated, state when and why.			
Vehicle I.D.#: 2. Year/Make/Model/Color: Mileage: Tag Number: Owner: Vehicle I.D.#: PART D: MONTHLY FINANCIAL STATEMENT Net Earnings from Employment: (Attach Proof of Earnings) Do you rent or have access to: a post office box? Yes No a safe deposit box? Yes No a storage space? Yes No		PART C: VEHICLES (Li.	st all vehicles owned or di	riven by you.))	
2. Year/Make/Model/Color: Mileage: Tag Number: Vehicle I.D.#: PART D: MONTHLY FINANCIAL STATEMENT Net Earnings from Employment: (Attach Proof of Earnings) Do you rent or have access to: a post office box?	1. Year/Make/Model/Color: Mileage:		Tag Number: Owner:			
Vehicle I.D.#: PART D: MONTHLY FINANCIAL STATEMENT Net Earnings from Employment: (Attach Proof of Earnings) Do you rent or have access to: a post office box? Yes No a safe deposit box? Yes No a storage space? Yes No			Vehicle I.D.#:			
PART D: MONTHLY FINANCIAL STATEMENT Net Earnings from Employment: (Attach Proof of Earnings) Do you rent or have access to: a post office box?	2. Year/Make/Model/Color: Mileage:		Tag Number:		Owner:	
Net Earnings from Employment: (Attach Proof of Earnings) Do you rent or have access to: a post office box?		Vehicle I.D.#:				
(Attach Proof of Earnings) a post office box?		PART D: MONTHI	LY FINANCIAL STATE	MENT		
Other Cash Inflows: Name and Address of Location: Box No. or Space	(Attach Proof of Earnings)		a post office box? Yes No a safe deposit box? Yes No a storage space? Yes No			
TOTAL MONTHLY CASH INFLOWS:	TOTAL MONTHLY CASH INFLOW					
TOTAL MONTHLY CASH	TOTAL MONTHLY CASH					
Do you have a checking account(s)?	Bank Name: Account No.: Do you have a savings account(s)? Balance No Bank Name: Account No.: Balance		account that you enjoy the	he benefits of	or make occas	
have multiple accounts. Account No.: Balance:	have multiple accounts.	-			Balance:	
List all expenditures over \$500 (including, e.g., goods, services, or gambling losses) Date					Descrip	tion of Item

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PART E: COMPLIANCE WITH CONDITIONS	S OF SUPERVISION DURING THE PAST MONTH
Were you questioned by any law enforcement officers? Yes No	Were you arrested or named as a defendant in any criminal case? Yes No
If yes, date:	If yes, when and where?
Agency:	Charges:
Reason:	Disposition:
(Attach copy of citation, rec	reipt, charges, disposition, etc.)
Were any pending charges disposed of during the month? Yes No	Was anyone in your household arrested or questioned by law enforcement? Yes No
If yes, date:	If yes, whom?
Court:	Reason:
Disposition:	Disposition:
Did you have any contact with anyone having a criminal record? Yes No	Did you possess or have access to a firearm?
If yes, whom?	If yes, why?
Did you possess or use any illegal drugs? Yes No	Did you travel outside the district without permission? Yes No
If yes, type of drug:	If yes, when and where?
Do you have a special assessment, restitution, or fine?	o If yes, amount paid during the month:
Special Assessment: Restitution:	Fine:
NOTE: ALL PAYMENTS TO BE MADE BY MONEY ORDER (POSTAL C	OR BANK) OR CASHIER'S CHECK ONLY.
Do you have community service work to perform?	Do you have drug, alcohol, or mental health aftercare?
Yes No	Yes No
Number of hours completed this month:	If yes, did you miss any sessions during this month? Yes No
Number of hours missed:	Did you fail to respond to phone recorder instructions? Yes No
Balance of hours remaining:	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.	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT.
(18 U.S.C. § 1001)	SIGNATURE DATE
REMARKS:	RECEIVED:
	Mail OC
	нс сс
	RETURN TO: Thomas F. Eagleton US Courthouse 111 S. 10 th Street, Ste. 2.325 St. Louis, MO 63102
U.S. Probation Officer Date	314-244-6745