

# Supplement to U. S. Probation Office Monthly Supervision Report for the Month of \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_ Officer: \_\_\_\_\_

Monthly Income			Necessary Monthly Expenses *		
	Yours	Spouse *	Total		
Gross Salary (before deductions)	_____	_____	_____	Home Rent or Mortgage	_____
Net Salary (after deductions)	_____	_____	_____	Utilities	_____
Commission income	_____	_____	_____	Electricity	_____
Net Profit from Business	_____	_____	_____	Heating Oil / Gas	_____
Net Rental income	_____	_____	_____	Water / Sewer	_____
Pension / Retirement income	_____	_____	_____	Telephone	_____
Social Security income	_____	_____	_____	Groceries and Supplies	_____
Interest income	_____	_____	_____	Insurance:	
Dividends	_____	_____	_____	Auto	_____
Alimony / Child Support income	_____	_____	_____	Health	_____
Income of other dependents	_____	_____	_____	Life	_____
Other: _____	_____	_____	_____	Homeowner / Renter	_____
_____	_____	_____	_____	Minimum Installment payments	_____
_____	_____	_____	_____	Transportation	_____
_____	_____	_____	_____	Medical	_____
_____	_____	_____	_____	Clothing	_____
_____	_____	_____	_____	Child Support payments / Alimony	_____
_____	_____	_____	_____	Fine / Restitution	_____
_____	_____	_____	_____	Other: _____	_____
_____	_____	_____	_____	Other: _____	_____
<p>*If spouse income is not provided, only one-half of expenses may be counted in considering ability to pay fine or restitution.</p>					
TOTAL INFLOWS (A)			_____	TOTAL OUTFLOWS (B)	
				_____	

Transfer *Monthly Cash Flow* Information to monthly report form. Explain unusual expenses below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Monthly Cash Flow	
TOTAL INFLOWS	(A) _____
TOTAL OUTFLOWS	minus (B) _____
RESIDUAL CASH	equals (C) _____

I CERTIFY THAT ALL THE INFORMATION FURNISHED IS COMPLETE AND CORRECT.

Signature \_\_\_\_\_ Date \_\_\_\_\_