

# PRETRIAL DIVERSION MONTHLY REPORT

ATTN: USPSO \_\_\_\_\_

SUPERVISION REPORT FOR THE MONTH OF \_\_\_\_\_, 20 \_\_\_\_\_

(All questions pertain to the month indicated above.)

NAME:	TELEPHONE NUMBER:																									
ADDRESS:	HAVE YOU MOVED? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give date and explain:																									
LIST PERSONS LIVING WITH YOU?	HAVE YOU CHANGED JOBS? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give date and explain:																									
NAME AND ADDRESS OF EMPLOYER OR SCHOOL:	IF UNEMPLOYED, HOW DO YOU SUPPORT YOURSELF?																									
JOB DESCRIPTION AND GROSS AMOUNT EARNED FROM EMPLOYMENT:	LIST ALL DEBTS AND PAST DUE AMOUNTS:																									
HOW MANY DAYS OF WORK OR SCHOOL DID YOU MISS? WHY: _____	WERE YOU ARRESTED OR QUESTIONED BY LAW ENFORCEMENT OFFICIALS? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give date and explain: DATE: _____ PLACE: _____ DETAILS:																									
LIST ALL MONEY RECEIVED OTHER THAN FROM EMPLOYMENT INCLUDING SPOUSE'S INCOME, LOANS, RELIEF BENEFITS, ETC. GIVE SOURCE:	DISPOSITION:																									
LIST ALL VEHICLES OWNED OR DRIVEN BY YOU: <table style="width:100%; border-collapse: collapse;"><thead><tr><th style="width:15%;"></th><th style="width:15%; text-align: center;"><u>YEAR</u></th><th style="width:15%; text-align: center;"><u>MAKE</u></th><th style="width:15%; text-align: center;"><u>COLOR</u></th><th style="width:15%; text-align: center;"><u>LIC.NO.</u></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>		<u>YEAR</u>	<u>MAKE</u>	<u>COLOR</u>	<u>LIC.NO.</u>	1)					2)					3)					4)					DO YOU HAVE A FINE OR RESTITUTION OBLIGATION: Yes <input type="checkbox"/> No <input type="checkbox"/> HAVE YOU MADE PAYMENT THIS MONTH? Yes <input type="checkbox"/> No <input type="checkbox"/> IF NO, EXPLAIN:
	<u>YEAR</u>	<u>MAKE</u>	<u>COLOR</u>	<u>LIC.NO.</u>																						
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

SIGNATURE OF PSO \_\_\_\_\_

DATE \_\_\_\_\_

RETURN THIS FORM TO

U.S. PRETRIAL SERVICES OFFICE  
DISTRICT OF GUAM  
2nd FLOOR U.S. COURTHOUSE  
520 WEST SOLEDAD AVENUE  
HAGÁTÑA, GUAM 96910

U.S. PRETRIAL SERVICES OFFICE  
DISTRICT FOR THE NMI  
P.O. BOX 502089  
HORIGUCHI BLDG, RM 4D  
SAIPAN, MP 96950