

INFORMATION FOR OFFENDERS UNDER THE SUPERVISION OF THE U.S. PROBATION OFFICE

- 1) **OFFICE HOURS** - The U.S. Probation Office in Hopkinsville, Kentucky, is located at 607 Hammond Plaza, Ft. Campbell Boulevard, Hopkinsville, Kentucky. The office hours are Monday - Friday, 8:00 a.m. to 4:30 p.m.
- 2) **TELEPHONE NUMBER** - The telephone number of the U.S. Probation Office in Hopkinsville, Kentucky is (270) 885-4853 or 4854. There is an answering machine which is operated during non-office hours and on weekends if you need to leave a message for your probation officer.
- 3) **MAP OF THE WESTERN DISTRICT OF KENTUCKY** - Click [here](#) for a map of the Western District of Kentucky. This outlines the area in which normally you can travel without restrictions.
- 4) **PERMISSION TO TRAVEL** - A parolee, probationer, or person on supervised release, must obtain permission to travel in advance from the probation officer to travel outside the district for any reason.

Click [here](#) for a copy of a request for travel form that is to be submitted **at least two weeks** prior to the proposed travel. Compliance with financial requirements such as being current on restitution, fine, and child support will be considered.

- 5) **MONTHLY SUPERVISION REPORT** - Click [here](#) for a copy of the monthly supervision report that you will be required to complete each month. **All questions must be answered completely and accurately.** Please read this carefully and discuss any area where you have questions with your U.S. Probation Officer.

Please note that specific information is requested in certain areas such as:

- a) make, model, and license number of the vehicles owned or driven by you;
- b) net income from employment with proof of earnings;
- c) total monthly expenses;
- d) bank names and type of account and the number of the account.



TRAVEL REQUEST FORM

**THIS FORM IS TO BE SUBMITTED AT LEAST
TWO WEEKS PRIOR TO REQUESTED TRAVEL**

Date: _____

Name: _____

Address: _____

Phone number: _____

Destination: _____

Departure date: _____

Return date: _____

Purpose of trip: _____

Persons traveling with: _____

Accommodations (will be verified):

Name: _____

Address: _____

Phone number: area code (____) _____

Mode of transportation:

Vehicle:

Make and Model: _____

Tag number: _____

Owner of vehicle: _____

Airline:

Name of airline: _____

Departure flight number and time: _____

Return flight number and time: _____

Other mode of transportation (specify): _____

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF _____, 20 ____.

Name:		Court Name (if different):		
PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement.)				
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
		How many days of work did you miss? _____ Why?		
		Position Held:	Gross Wages:	Normal Work Hours:
Did you change jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No		If changed jobs or terminated, state when and why:		
PART C: VEHICLES (List all vehicles owned or driven by you.)				
1. Year/Make/Model/Color:	Mileage:	Tag Number:	Owner:	
		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? <input type="checkbox"/> Yes <input type="checkbox"/> No a safe deposit box? <input type="checkbox"/> Yes <input type="checkbox"/> No a storage space? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Cash Inflows: _____		Name and Address of Location: _____ Box No. or Space		
TOTAL MONTHLY CASH INFLOWS: _____		_____		
TOTAL MONTHLY CASH OUTFLOWS: _____		_____		
Do you have checking <input type="checkbox"/> Yes <input type="checkbox"/> No Bank Name: _____ Account _____ Balance: _____		Does your spouse, significant other, or dependant have a checking or savings account that you enjoy the benefits of or make occasional contributions toward? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have savings account(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Bank Name: _____ Account _____ Balance: _____		Bank Name: _____		
Attach a complete listing of all other financial account information, if you have multiple accounts.		Account No.: _____ Balance: _____		
List all expenditures over \$500 (including e.g., goods, services, or gambling losses)				
<u>Date</u>	<u>Amount</u>	<u>Method of Payment</u>	<u>Description of Item</u>	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	

