

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

- 1) **OFFICE HOURS** - The U.S. Probation Office in Paducah, Kentucky, is located at 2625 Wayne Sullivan Drive, Paducah, Kentucky. The office hours are Monday - Friday, 8:00 a.m. to 4:30 p.m. In addition the office is open the first working day of each month from 7:30 a.m. to 5:45 p.m.
- 2) **TELEPHONE NUMBER** - The telephone number of the U.S. Probation Office in Paducah, Kentucky is (270) 442-7824. 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>	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	

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

Were you questioned by any law enforcement officers?
 Yes No
If yes, date: _____
Agency: _____
Reason: _____

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: _____
Court: _____
Disposition: _____

Was anyone in your household arrested or questioned by law enforcement?
 Yes No
If yes, whom? _____
Reason: _____
Disposition: _____

Do you have any contact with anyone having a criminal record?
 Yes No
If yes, whom? _____

Do 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
Special Assessment: _____ Restitution: _____ Fine: _____
If yes, amount paid during the month: _____

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: _____
Number of hours missed: _____
Balance of hours remaining: _____

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.

SIGNATURE DATE

REMARKS:

U.S. Probation Officer Date

RECEIVED:

_____ Mail _____ OC
_____ HC _____ CC

RETURN TO:

**US PROBATION OFFICER
400 US COURTHOUSE
601 WEST BROADWAY
LOUISVILLE KY 40202-2277**