

**PRETRIAL SERVICES SUPERVISION REPORT**

I. Name: \_\_\_\_\_  
(Please Print)

II. When is your next court date? \_\_\_\_\_

III. Residence: \_\_\_\_\_  
(No. and Street) (City) (State/Zip) (Home Telephone)

Have you moved since the last Pretrial Services Supervision Report?  Yes  No

If yes, provide previous residence and reason for move: \_\_\_\_\_

\_\_\_\_\_

IV Employment \_\_\_\_\_  
(Name) (Address) (Work Telephone)

Job Title: \_\_\_\_\_

Has your employment changed since the last Pretrial Services Supervision Report?  Yes  No

If yes, explain: \_\_\_\_\_

V. Have you been questioned by law enforcement or arrested since the last Pretrial Services Supervision Report?  
 Yes  No

If yes, explain (when, where, by whom, charge, status of case): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I CERTIFY THAT ALL ANSWERS ARE COMPLETE AND CORRECT. I UNDERSTAND THAT A FALSE STATEMENT MAY RESULT IN REVOCATION OF MY RELEASE, IN ADDITION TO PROSECUTION UNDER 18 U.S.C. § 1001.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Reviewed by: \_\_\_\_\_  
Officer's Signature

\_\_\_\_\_  
Date

MAIL OR DELIVER THIS FORM TO:

United States Pretrial Services  
Joseph P. Kenneary Courthouse  
85 Marconi Boulevard, Room #512  
Columbus, OH 43215