

EXHIBIT 1



U.S. PRETRIAL SERVICES SUPERVISION REPORT

FOR THE MONTH OF _____, 20__

Court Name: Stacy A. Vasko	DOB:	Current Name (if different):	Pretrial Services Officer: Christina Stapp
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When is your next court date? _____

PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement.)

Street Address, Apt Number:	Own or Rent?	Home Phone:	Cell Phone:	Pager:
City, State, Zip Code:		Persons Living With You:		
Secondary Residence:		Did you move during the month? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing Address (if different):		If yes, date moved: _____ Reason for moving:		

PART B: EMERGENCY CONTACT (Relative or friend to contact in case of emergency.)

CONTACT NAME	ADDRESS <small>(Street, City, State and Zip Code)</small>	TELEPHONE NUMBERS <small>(Home, Work and Cell)</small>	RELATIONSHIP

PART C: EMPLOYMENT (If unemployed, list source of support.)

<u>ATTACH PROOF OF EARNINGS FROM EMPLOYER</u>	Full Name of Immediate Supervisor:	Is your employer aware of your criminal status? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name:	How many days of work did you miss? Why?	
Address:	Position Held:	Gross Wages: \$
City / State / Zip:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Self-employed	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Yearly
Phone:	Hours per week: Work Schedule:	
Did you change jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Start Date _____ If you changed jobs or were terminated, state when and why:		
Were you terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, End Date _____		

PART D: VEHICLES (List all vehicles owned or driven by you.)

1. Year / Make / Model / Color:	Mileage:	Tag Number:	Owner:
		Vehicle ID#:	
2. Year / Make / Model / Color:	Mileage:	Tag Number:	Owner:
		Vehicle ID#:	

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

(Attach copy of citation, receipt, charges, disposition, etc.)

Were you questioned by any law enforcement officers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____ Agency: _____ Reason: _____	Were you arrested or named as a defendant in any criminal case? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and where? _____ Charges: _____ Disposition: _____
Were any pending charges disposed of during the month? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____ Court: _____ Disposition: _____	Do you have a monthly co-pay for Substance Abuse Counseling, Mental Health Counseling and/or Electronic Monitoring? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount paid during the month: \$ _____

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: _____ Officers Signature	_____ Date

Mail this completed form to:
Christina Stapp
444 SE Quincy Street, 3rd Floor
Topeka, KS 66683