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Description of document: Records from the US Parole Commission (USPC) parole file of convicted kidnapper Phillip Craig Garrido, 1977 - 2010

Requested date: 24-April-2011

Released date: 20-July-2011

Posted date: 08-August-2011

Date/date range of document: 08-March-1977 – 07-April-2010

Source of document: FOIA Unit
U.S. Parole Commission
90 K Street, NE, Third Floor
Washington, D.C. 20530
Email: USPC.FOIA@usdoj.gov

Note: Some records are undated

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**U.S. DEPARTMENT OF JUSTICE
United States Parole Commission**

*5550 Friendship Boulevard
Chevy Chase, Maryland 20815-7201
Telephone: (301)492-5821
Facsimile: (301)492-5525*

July 20, 2011

**Re: Your Disclosure Request
FOIA Tracking Number: FY11-00243**

This is in response to your request of April 24, 2011 for copies of documents from the Phillip Garrido parole file which were disclosed to the Reno Gazette Newspaper.

Because the Parole Commission is exempt from the access provisions of the Privacy Act, this disclosure is made under the Freedom of Information Act (FOIA).

Under the FOIA, a document or portion thereof, may be withheld if protected by any of the FOIA exemptions. These exemptions can be found at 5 U.S.C. Section 552(b)(1)-(9).

Portions of the following documents have been withheld on the basis of the FOIA exemptions cited below:

1. U.S.P.C. Order dated October 22, 1987 (1 page)
(b)(2)-Internal to U.S. Parole Commission

2. U.S.P.C. Referral to Regional Commissioner dated November 18, 1987 (1 page)
(b)(2)-Internal to U.S. Parole Commission

3. U.S.P.C. Order dated November 18, 1987 (1 page)
(b)(2)-Internal to U.S. Parole Commission

4. U.S.P.C. Order dated November 20, 1987 (1 page)
(b)(2)-Internal to U.S. Parole Commission

5. U.S.P.C. Memorandum dated January 14, 1988 (2 pages)
(b)(6)-Clearly unwarranted invasion of personal privacy of others
(b)(7)(C)-unwarranted invasion of personal privacy of others

6. U.S.P.O. Letter dated August 30, 1988 (1 page)
(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

7. U.S.P.O. Letter dated June 1, 1989 (2 pages)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

8. U.S.P.C. Supervision Report dated January 16, 1991 (2 pages)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

9. U.S.P.C. Memorandum dated February 12, 1991 (1 page)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

10. U.S.P.C. Memorandum dated March 18, 1993 (1 page)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

11. U.S.P.C. Fax Coversheet dated April 6, 1993 (1 page)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

12. Transmittal dated April 29, 1993 (1 page)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

13. U.S.P.C. Letter dated April 30, 1993 (1 page)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

14. U.S.P.C. Supervision Report dated April 29, 1994 (2 pages)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

15. U.S.P.C. Supervision Report dated January 22, 1996 (4 pages)

(b)(2)-Internal to U.S. Parole Commission

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

16. U.S.P.C. Letter dated May 28, 1996 (1 page)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

17. U.S.P.C. Letter dated February 19, 1997 (1 page)
(b)(6)-Clearly unwarranted invasion of personal privacy of others
(b)(7)(C)-unwarranted invasion of personal privacy of others
18. U.S.P.C. Supervision Report dated December 30, 1996 (4 pages)
(b)(2)-Internal to U.S. Parole Commission
(b)(6)-Clearly unwarranted invasion of personal privacy of others
(b)(7)(C)-unwarranted invasion of personal privacy of others
19. U.S.P.C. Supervision Report dated January 15, 1999 (3 pages)
(b)(2)-Internal to U.S. Parole Commission
(b)(6)-Clearly unwarranted invasion of personal privacy of others
(b)(7)(C)-unwarranted invasion of personal privacy of others
20. U.S.P.C. Memorandum dated March 9, 1999 (1 page)
(b)(6)-Clearly unwarranted invasion of personal privacy of others
(b)(7)(C)-unwarranted invasion of personal privacy of others
21. U.S.P.O. District of California Letter dated 9/7/1988 (1 page)
(b)(6)-Clearly unwarranted invasion of personal privacy of others
(b)(7)(C)-unwarranted invasion of personal privacy of others
22. U.S.P.O. District of California Letter dated 9/13/1988 (1 page)
(b)(6)-Clearly unwarranted invasion of personal privacy of others
(b)(7)(C)-unwarranted invasion of personal privacy of others
23. U.S.P.O. District of California Letter dated 1/4/1989 (1 page)
(b)(6)-Clearly unwarranted invasion of personal privacy of others
(b)(7)(C)-unwarranted invasion of personal privacy of others
24. U.S.P.O. Letter dated 2/27/1989 (1 page)
(b)(6)-Clearly unwarranted invasion of personal privacy of others
(b)(7)(C)-unwarranted invasion of personal privacy of others
25. Supervision Transfer Notice dated 7/27/1989 (1 page)
(b)(6)-Clearly unwarranted invasion of personal privacy of others
(b)(7)(C)-unwarranted invasion of personal privacy of others
26. U.S.P.O. District of California Letter dated 3/3/1995 (1 page)
(b)(6)-Clearly unwarranted invasion of personal privacy of others
(b)(7)(C)-unwarranted invasion of personal privacy of others
27. U.S.P.O. District of California Letter dated 5/17/1999 (1 page)
(b)(6)-Clearly unwarranted invasion of personal privacy of others
(b)(7)(C)-unwarranted invasion of personal privacy of others
28. U.S.P.O. District of California Letter dated 5/20/1999 (1 page)
(b)(6)-Clearly unwarranted invasion of personal privacy of others
(b)(7)(C)-unwarranted invasion of personal privacy of others

29. Electronic Monitoring Referral (1 page)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

30. Central Files Routing Checklist dated 6/30/1999 (3 pages)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

31. CJIS Record Request dated 7/23/1998 (1 page)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

32. Appointment Notices dated 11/2/1990, 10/4/1993, 05/1/1995 and 3/10/1999 (4 pages)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

33. Request for Records dated 8/29/1988 (1 page)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

34. U.S.P.O. District of Nevada letters dated 08/23/1988, 03/29/1989, 6/15/1989 (5 pages)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

35. Supervision Transfer Notice dated 8/28/1994 (1 page)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

36. Record Transcription Request dated 1/13/1989 (1 page)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

37. Documents from State of Nevada, Department of Parole and Probation (10 pages)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

38. U.S. District Court for the District of Nevada for Criminal No. R-76-88-BRT Kidnapping Indictment (1 page)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

39. U.S. District Court for the District of Nevada for Criminal No. R-76-88-BRT Order Relieving Attorney & Appointing New Attorney, Order for Time Schedule (2 pages)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

Under the FOIA, a document or portion thereof, may be withheld if protected by any of the FOIA exemptions. These exemptions can be found at 5 U.S.C. Section 552(b)(1)-(9).

The following documents have been withheld in full on the basis of the FOIA exemptions cited below:

1. U.S.P.O. Chronological Reports dated 8/30/1988 through 3/9/1999 including additional entries from 7/2/2009 through 8/28/2009 (39 pages)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

2. Classification and Initial Supervision Plan dated 8/10/1989 (1 page)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

3. Transfer Summary Checklist and Summary dated 1/17/1991 (1 page)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

4. Supervisor's Case Plan Review dated 3/16/1994, 7/10/1997 and 7/1998 (4 pages)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

5. Electronic monitoring report dated 6/4/1993 and 7/16/1993 (5 pages)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

6. Case Review Worksheets dated 2/16/1990, 12/5/1990, 1/17/1991, 8/21/1991, 3/7/1992 (9 pages)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

7. Initial Case Supervision Plans 3/15/1994 to 9/15/1994 (4 pages)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

8. Revised Case Supervision Plan for period 12/15/1995 to 12/30/98 (27 pages)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

9. Income Tax Returns for 1996 & 1997 (26 pages)

(b)(3)-Exempt under other federal statute 26 U.S.C. § 6103

10. Bank of America bank statement period 6/27/1997 to 7/29/1997 (2 pages)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

11. Wells Fargo bank statement period 2/1/1996 to 2/29/1996 (2 pages)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

12. Wells Fargo transaction records for period of 7/15/1991 to 12/8/1995 (7 pages)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

13. Receipts and documents related to Phillip Garrido's business, Printing for Less (153 pages)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

14. Copies of checks and pay stubs related to Phillip Garrido's employment and/or business (23 pages)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

15. Monthly supervision reports submitted by Phillip Garrido for period of December 1988 to February 1999 (200 pages)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

16. Handwritten note from one unknown U.S.P.O. employee to another, undated (1 page)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

17. Various medical records of Phillip Garrido for period of 1998 to 1998 (44 pages)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

18. Progress reports to Nevada Department of Parole and Probation dated 10/26/1988, 12/3/1991, 11/6/1992, 6/6/1995, and 3/5/1996 (6 pages)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

19. Consent to release information signed by Phillip Garrido on 2/14/1977 (1 page)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

20. Requests from the U.S.P.O. for information and consent to release information dated 8/15/1989, 8/17/1989 and 8/23/1989 (6 pages)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

21. Presentence Report (11 pages)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

22. Post sentence summarization dated 4/21/1977 (1 page)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

23. U.S.P.O. Letter dated 4/14/1993 Confidential Recommendation (1 page)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

24. U.S. District Court for the District of Nevada for Criminal No. R-76-88-BRT Trial Memorandum (7 pages)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

(b)(7)(D) – Reveals confidential information

25. Federal Bureau of Investigation "Flash" Notice received by U.S.P.O. dated 1/26/1988 and 6/30/1999 (3 pages)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

26. State of California Rap Sheet (2 pages)

(b)(6)-Clearly unwarranted invasion of personal privacy of others

(b)(7)(C)-unwarranted invasion of personal privacy of others

5 U.S.C. § 552(b)(2), which applies to internal matters of the agency;

5 U.S.C. § 552(b)(3), which applies to material exempt from disclosure by other federal statutes;

5 U.S.C. § 552(b)(6), which concerns material the release of which would constitute a clearly unwarranted invasion of the personal privacy of third parties; and,

5 U.S.C. § 552(b)(7)(C), which could reasonably be expected to constitute an unwarranted invasion of the personal privacy of third parties;

5 U.S.C. § 552(b)(7)(D), which could be expected to disclose the identity of a confidential source and if the information is compiled by a law enforcement authority in the course of a criminal investigation, information supplied by a confidential source;

Other material has been provided to the originating agency for disclosure.

DOCUMENT

Federal Bureau of Investigations Rap Sheet (15 pages)

U.S. Marshals Prisoner Custody, Detention and Disposition Record (2 pages)

Bureau of Prisons Sentence Monitoring Computation Data Sheet (13 pages)

AGENCY NAME

Federal Bureau of Investigation
Washington, D.C. 20535

U.S. Marshals Service
Arlington, VA 22202-4210

Bureau of Prisons
Leavenworth, KS 66048

If you are dissatisfied with my action on this request, you have thirty (30) days from the date of this letter to appeal this decision to the Chairman of the U.S. Parole Commission. An appeal to the Chairman must be made in writing and addressed to the Office of the Chairman, U.S. Parole Commission, 90 K Street, N.E., Third Floor, Washington, D.C. 20520.

Sincerely,

A handwritten signature in black ink that reads "Rockne Chickinell". The signature is written in a cursive, slightly slanted style.

Rockne J. Chickinell
General Counsel

Enclosures – 467 pages



**U.S. DEPARTMENT OF JUSTICE
United States Parole Commission**

*5550 Friendship Boulevard
Chevy Chase, Maryland 20815-7201
Telephone: (301)492-5821
Facsimile: (301)492-5525*

April 7, 2010

U.S. Marshals Service
Office of General Counsel
CS-3, 12th Floor
Washington, D.C. 20530-1000
Attn: FOIA/PA Officer

**Re: FOIA Request Of:
Phillip Garrido
Reg. No. 35377-136**

Dear Sir or Madam:

Enclosed is a copy of document(s) from the parole file of the above-referenced requester. Because it originated with your agency, it is forwarded to your office for disclosure processing.

We have no objection to the release of any attached Commission documents; therefore, please respond directly to the requester with your determination and provide us a copy of your response. A copy of the original request is attached. The requester has been notified of this referral.

Sincerely,

Anissa N. Hunter
FOIA Specialist

Enclosures - 2 pages



**U.S. DEPARTMENT OF JUSTICE
United States Parole Commission**

*5550 Friendship Boulevard
Chevy Chase, Maryland 20815-7201
Telephone: (301)492-5821
Facsimile: (301)492-5525*

April 7, 2010

Bureau of Prisons
320 First Street, N.W.
HOLC Building, Room 738
Washington, D.C. 20534
Attn: FOIA Administrator

**Re: FOIA Request Of:
Phillip Garrido
Reg. No. 35377-136**

Dear Sir or Madam:

Enclosed is a copy of document(s) from the parole file of the above-referenced requester. Because it originated with your agency, it is forwarded to your office for disclosure processing.

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Sincerely,

Anissa N. Hunter
FOIA Specialist

Enclosures - 13 pages



**U.S. DEPARTMENT OF JUSTICE
United States Parole Commission**

*5550 Friendship Boulevard
Chevy Chase, Maryland 20815-7201
Telephone: (301)492-5821
Facsimile: (301)492-5525*

April 7, 2010

Federal Bureau of Investigation
J. Edgar Hoover Building, Room 6296
Washington, D.C. 20535
Attn: Chief, FOI/PA Section

**Re: FOIA Request Of:
Phillip Garrido
Reg. No. 35377-136**

Dear Sir or Madam:

Enclosed is a copy of document(s) from the parole file of the above-referenced requester. Because it originated with your agency, it is forwarded to your office for disclosure processing.

We have no objection to the release of any attached Commission documents; therefore, please respond directly to the requester with your determination and provide us a copy of your response. A copy of the original request is attached. The requester has been notified of this referral.

Sincerely,

Anissa N. Hunter
FOIA Specialist

Enclosures - 15 pages

Hunter, Anissa N. (USPC)

From: Simerman, John [jsimerman@bayareanewsgroup.com]
Sent: Wednesday, February 17, 2010 6:03 PM
To: Hunter, Anissa N. (USPC)
Subject: FOIA

Feb. 17, 2010

From: John Simerman

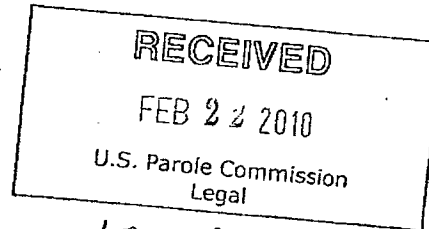
Staff writer

Bay Area News Group

2640 Shadelands Dr.

Walnut Creek, CA 94598

jsimerman@bayareanewsgroup.com



To: Anissa Hunter

FOIA Unit

United States Parole Commission

Suite 420, 5550 Friendship Boulevard

Department of Justice

Chevy Chase, Maryland 20815

(301) 492-5821

re: FOIA request

Dear Ms. Hunter:

This is a request under the Freedom of Information Act.

I request that a copy of the following documents (or documents containing the following information) be provided to me:

All records related to the supervision of Phillip Craig Garrido (DOB 04/05/1951), from his initial supervision on Jan. 20, 1988 to the date of this request.

These documents should include, but not be limited to: Parole/probation supervision logs; drug testing reports; all records indicating conditions of parole/probation for Mr. Garrido; records of violation, sex offender registration notifications;

correspondence between Mr. Garrido and the department; descriptions, sketches, diagrams or maps of the property where he lived; records of correspondence among the commission and Nevada or California officials.

In order to help to determine my status to assess fees, you should know that I am a representative of the news media/press and this request is made as part of news gathering and not for commercial use. The maximum dollar amount I am willing to pay for this request is \$100. Please notify me if the fees will exceed \$25.00 or the maximum amount I entered.

I request a waiver of all fees for this request. Disclosure of the requested information to me is in the public interest because it is likely to contribute significantly to public understanding of the operations or activities of the government and is not primarily in my commercial interest. Mr. Garrido was under U.S. Parole Commission supervision during the period in which he allegedly abducted Jaycee Dugard and fathered her two children. Details of his federal parole supervision are key to a public understanding of the system and its functioning.

Thank you in advance for fulfilling this request. Please feel free to reach me anytime at 925-943-8072.

John Simerman
Staff writer
Contra Costa Times/Bay Area News Group
925-943-8072
fax: 925-933-0239

February 3, 2010

Cristina Valdivia
News10
400 Broadway
Sacramento, CA
95818

US Department of Justice
United States Parole Commission
5550 Friendship Blvd, Ste. 420
Chevy Chase, Maryland 20815

RE: FOIA

KXTV, News 10 would like to request all copies of documents from the Phillip Garrido parole file.

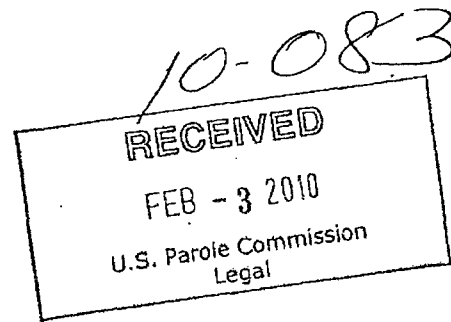
Please send those documents to 400 Broadway, Sacramento, Ca 95818 or via email to desk@news10.net.

If you have any questions, please feel free to contact me at 916-321-3300. If I am not available, anyone on the Assignment Desk can help you.

Thank you for your assistance.

Sincerely,

Cristina Valdivia
Assignment Editor
KXTV News 10
400 Broadway
Sacramento, CA
95818
916-321-3300



TV
0 Broadway
ramento, CA 95818

6.441.2345

ws10.net

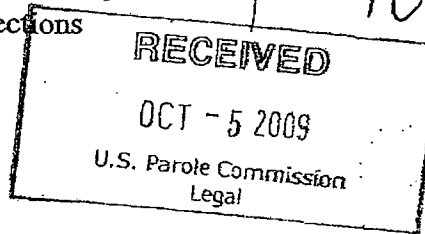
BANNETT

NEWS10 abc

Isaac Fulwood, Jr.
U.S. Parole Commission
5550 Friendship Blvd. Suite 420
Chevy Chase, MD 20815-7286

Lisa Walker
P.O. Box 276506
Sacramento, CA 95827
September 28, 2009

Secretary Matthew Cate
California Department of Corrections
c/o The Governor's Office
State Capitol Building
Sacramento, CA 95814



Re: Phillip Garrido
Dear Chairman Fulwood, and Secretary Cate,

I am writing to request full disclosure and release, of all the information, contained in the U.S. Parole Commission, and Corrections Department's records and files. Also the California and Nevada State's Corrections Commissions records and files, pertaining to Phillip Garrido.

I understand that only parts of these files have been released so far, to protect the privacy of some individuals involved or mentioned therein. I don't consider that a sufficient reason to withhold this information, UNDER THESE CIRCUMSTANCES! The only people who have a clear right to have their privacy protected in this matter are the entire Dugard Family.

I think we have a right to know what happened to allow Mr. Garrido the apparent casual treatment, complementary reports, to include a commendation, and ineffective scrutiny over many years, while under the authority of the Parole and Corrections Agencies.

I am horrified that such terrible crimes could have been committed, over such an extended period of time. While Mr. Garrido was being monitored and even visited by our government's agencies. How could he be allowed to commit these ongoing offences, while his victims were being robbed of their rights, and in fact tortured and victimized every day? Mr. Garrido's diabolical arrogance grew as he was allowed to roam the streets, virtually parading his victims under the noses of the Agencies that failed to see the signs, that must have been so obvious, - if they REALLY looked at the daily life of this strange and sick man.

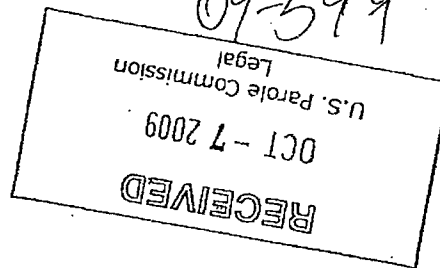
Please help us to see how this long term crime against Ms. Dugard and her children could have continued unchecked. So we are sure that it will never happen to anyone again.

Thank you for your consideration.
Sincerely,

Lisa Walker

October 7, 2009

FOIA
U.S. Parole Commission
Suite, #420
5550 Friendship Blvd.
Dept. of Justice
Chevy Chase, MD 20815



Re: Phillip Garrido – registration number: 36377-136

VIA FACSIMILE: 301-492-5563

Dear Sir or Madame,

I am writing to you in regard to Phillip Garrido. I would like to get copies of the 19-page parole commission papers from 1999, including the certificate praising Mr. Garrido for his good behavior since his release from prison in 1988. The certificate is dated March 9, 1999.

Please send the papers to me via Federal Express to the following address. The company account number for Federal Express is 301934548.

Patricia Shipp
American Media, Inc.
6420 Wilshire Blvd.
15th Floor
Los Angeles, CA 90048

If you have any questions please call me at 323.658.2021 or 310-256-0787 or you may email me at patshipp4@aol.com

Thank you in advance for your help and if there is any way to expedite this request I would greatly appreciate it.

Best regards,

Patricia Shipp
Senior Reporter
American Media

10 - 056 1/29

FOIA Unit
U.S. Parole Commission
5550 Friendship Blvd., Suite 420
Chevy Chase, MD 20815

September 29, 2009

Re: Freedom of Information Act Request

Dear Sir or Madam:

This is a request under the Freedom of Information Act.

I request that a copy of the following documents or documents containing the following information be provided to me: US Parole Commission records regarding former federal parolee, Phillip Craig Garrido, DOB 04-05-1951. I request copies of Garrido's Parole Commission file including, but not limited to: Garrido's register number, past places of incarceration and dates of incarceration, sentence length, dates of hearings and decisions rendered by the Commission after agency proceedings, which are contained on the Notice of Action, including dates of parole, all which I understand to be matters of public record.

I also request a copy of all documents generated during the parole hearing and decision-making process. This includes the hearing summary, any administrative appeal documents, and all actions taken by the Commission in the prisoner's case.

In addition, I request a copy of any cassette tape or digital recording of each parole and revocation hearing for Garrido.

In order to help to determine my status for purposes of determining the applicability of any fees, you should know that I am a representative of the news media affiliated with the KCRA-TV in Sacramento, California, and this request is made as part of news gathering and not for a commercial use.

I am willing to pay fees for this request up to a maximum of \$25.00. If you estimate that the fees will exceed this limit, please inform me first.

Disclosure of the requested information to me is in the public interest because it is likely to contribute significantly to public understanding of the operations or activities of the government and is not primarily in my commercial interest.

I request that the information I seek be provided in electronic format, if possible.

I also include a telephone number at which I can be contacted during the hours of 9 to 5:30 p.m. PST, if necessary, to discuss any aspect of my request.

Thank you for your consideration of this request.

Sincerely,

Lynsey Paulo

Reporter, KCRA-TV

3 Television Circle

Sacramento, CA 95814

lpaulo@hearst.com

Martha Bellisle
Legal Affairs Reporter
Reno Gazette-Journal
P.O. Box 22000
Reno, NV 89520
775-788-6327

Sept. 4, 2009

FOIA Unit
United States Parole Commission
Suite 420, 5550 Friendship Boulevard
Department of Justice
Chevy Chase, Maryland 20815
301-492-5821

FOIA REQUEST

Fee benefit requested

Fee waiver requested

Expedited review requested

Dear FOI Officer:

Pursuant to the federal Freedom of Information Act, 5 U.S.C. § 552, I request access to and copies of a list of documents related to the case of Phillip Craig Garrido (inmate # 36377-136), who had his first and only federal parole hearing on Nov. 5, 1987. He was ordered to be released to Nevada, which had a retainer. I would like copies of the following:

The hearing examiners' report on his case

Any documents by the commissioner who OK his release

Documents supporting his assessment and the numerical "guideline" he was given

Documents concerning his activities while in prison

Any psychiatric evaluations in his file

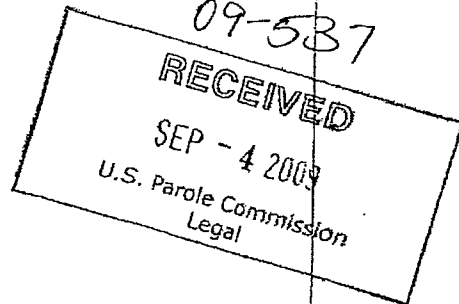
Documents related to the April 2, 1993 parole violation

Documents from the federal probation officer who issued the violation notice

The warrant issued for the violation

Documents and transcripts from the probable cause hearing on the violation

Documents related to the decision to put him on home confinement.



RENO GAZETTE-JOURNAL

MARTHA BELLISLE
Legal Affairs Reporter

RGJ.com

955 KUENZLI ST.
P.O. Box 22000
RENO, NV 89520-2000
TEL: 775.788.6327
FAX: 775.788.6458
CELL: 775.771.2968
TOLL-FREE: 888.294.6397
E-MAIL: mbellisle@rgj.com

A GANNETT MEDIA COMPANY

Documents on the evaluations he went through every five years to determine whether he was a risk to re-offend.

As a representative of the news media I am only required to pay for the direct cost of duplication after the first 100 pages. Through this request, I am gathering information on the release of Garrido, who is accused of kidnapping an 11-year-old South Lake Tahoe girl in 1991, only three years after his release. It is of current interest to the public on many levels, including concerns about how parolees are handled, whether he underwent proper supervision, whether he was assessed properly given the nature of his offense (kidnapping and rape, and being labeled a sexual deviant by mental health experts at his federal trial). Reviewing the documents that detail how the federal system handled Garrido will help the public better understand the process. This information is being sought on behalf of *Reno Gazette-Journal* for dissemination to the general public.

Please waive any applicable fees. Release of the information is in the public interest because it will contribute significantly to public understanding of government operations and activities.

If my request is denied in whole or part, I ask that you justify all deletions by reference to specific exemptions of the act. I will also expect you to release all segregable portions of otherwise exempt material. I, of course, reserve the right to appeal your decision to withhold any information or to deny a waiver of fees.

As I am making this request as a journalist and this information is of timely value, I would appreciate your communicating with me by telephone or e-mail, rather than by mail, if you have questions regarding this request. I look forward to your reply within 20 business days, as the statute requires.

Thank you for your assistance.

Sincerely,

Martha Bellisle

Date: September 25, 2009

U.S. Department of Justice: Parole Commission
Attention: Public Information Officer
950 Pennsylvania Avenue, NW
Washington, DC 20530-0001

10-054 1/29
570
09-570
RECEIVED

SEP 28 2009

U.S. Parole Commission
Legal

RE: REQUEST TO INSPECT AND COPY PUBLIC RECORDS

Dear U.S. Department of Justice Parole Commission:

This letter is submitted on behalf of KOVR-TV, which hereby requests access to certain material in the possession of The US Department of Justice: Parole Commission, for the purpose of inspection and copying pursuant to the California Public Records Act, California Government Code §6250, et seq.

KOVR-TV asks to inspect any and all "writings" (as defined in Section 6252 of the Government Code) or other records which contain the following information:

1. Any and all writings with respect toAny and all relevant information pursuant to Richard Garrido.

We believe there exists no express provision of law exempting such records from disclosure. Accordingly, pursuant to Government Code §6257, KOVR-TV asks that you make the records "promptly available" based on its tender of payment of "fees covering direct costs of duplication, or a statutory fee, if applicable." Please advise me of the appropriate fees, if any.

To the extent that a portion of the information requested herein is exempt by express provisions of law, Government Code §6257 additionally requires segregation and deletion of that material in order that the remainder of the information may be provided in satisfaction of this request.

If you determine that an express provision of law exists to exempt from disclosure all, or a portion of the material requested, Government Code §6256 requires notification of "the reasons therefor" no later than ten days from receipt of this request.

Thank you for your timely attention to this request.

Very truly yours,

Laura M. Cole

Laura Cole
CBS 13 Reporter
916-919-3345

2713 KOVR Drive
West Sacramento CA 95605

50988

2713 KOVR DR

West Sac

95605



CNN AMERICA, INC.
50 California Street, San Francisco, CA 94111
(415) 438-5000

23 September 2009

Anissa Hunter
US Parole Commission
(301) 492-5563

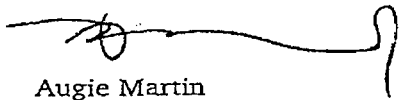
Anissa,

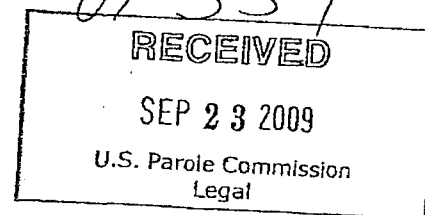
Many thanks for speaking with me a moment ago. CNN would like to formally request via the FOIA all discloseable documents related to the case of Phillip Greg Garrido. We would additionally like to please request as expeditious a delivery as possible. We would like have the documents couriered to our Washington, DC Bureau, located at 820 First St. NE, in Washington, 20002.

The main contact for this request should be me, Augie Martin, at (415) 438-5000. The local contact for the delivery of the documents at our Washington, DC Bureau will be the assignment desk, reachable at (202) 898-7911.

Many thanks again for your prompt and courteous assistance in this matter.

Best regards,


Augie Martin
Supervising Producer
50 California St.
Suite 950
San Francisco, CA 94111-4606
(415) 438-5000 - Main
(415) 999-1486 - Mobile
Email: augie.martin@cnn.com



10-053 1/29

36377-136

FREEDOM OF INFORMATION REQUEST RE: PHILLIP GARRIDO

From:

Maura Dolan

Los Angeles Times Legal Affairs Writer

10 Martha Road,

Orinda, CA, 94562

FAX—925 253 1989

PHONE—415 519-7350

EMAIL—maura.dolan@latimes.com

Legal office of the U.S. Commission on Parole:

Please fax me the following information under the Freedom of Information Act. 925 253 1989 or email it to me at Maura.dolan@latimes.com. If there is too much to email or fax, please federal express, using the LA Time FEDEX No. -1976-2904-5, the fastest delivery possible to the address above.

I am requesting the following information about Phillip Garrido, Register #36377-136. Please send me information as you receive it. Whatever can be sent immediately, The Times wishes you to provide.

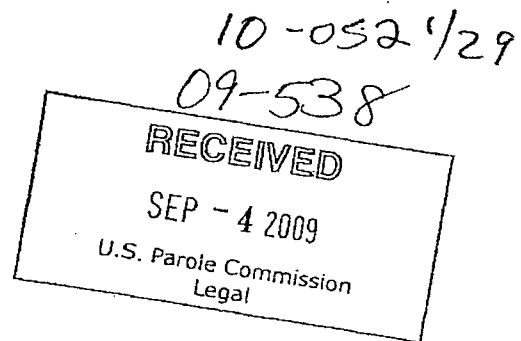
Please send The Times:

1. All documents generated during the parole hearing and decision-making process. This includes the hearing summary, any administrative appeal documents, a copy of the tape of the hearing, and all actions taken by the Commission in the prisoner's case;
2. Sentence data;
3. BOP documents and presentence reports;
4. Correspondence received from the prisoner, other non-government individuals, and Congressional inquiries.

Thanks very much,

Maura E. Dolan,

LA Times Staff Writer



Attn:

Annisia

Hunter

FOIA UNIT

US PAROLE Commission

301-492-5563

My name is Paul Elias and I am
a reporter with the Associated Press

I am requesting all public documents
contained in the Parole file of
Phillip Craig Garrido, 36377-136.

These documents include, but are not
limited to:

1. Reason for Parole
2. Parole Dates
3. Parole Violations, Dates and Details
4. "Secured Facilities," Prisons and other places
the inmate was incarcerated
5. Names of Parole agents who visited
Garrido's home and any reports generated.

RECEIVED

SEP - 2 2009

U.S. Parole Commission
Legal

chms

Paul Elias

415-602-6329

09-536

10-051 1/29

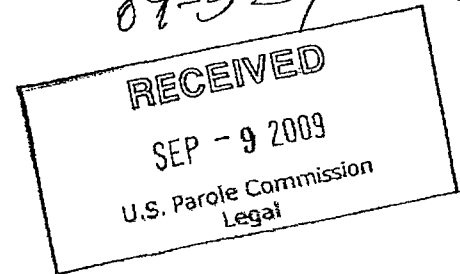
450 Golden Gate Ave
18th Floor, Press Room
San Francisco, Calif.
adlm

The Sacramento Bee

P.O. Box 15779 • 2100 Q Street • Sacramento, CA 95852

Sept. 9, 2009

FOIA Unit
United States Parole Commission
Suite 420, 5550 Friendship Boulevard
Department of Justice
Chevy Chase, Maryland 20815



Dear FOIA Officer:

Under the Freedom of Information Act, I am requesting access to all parole records related to Phillip Craig Garrido, (DOB 4/05/1951; U.S. Bureau of Prisons Reg. No. 36377-136) maintained by the U.S. Parole Commission from 1988 through his release from federal parole.

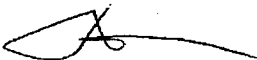
This request includes, but is not limited to, records of the Parole Commission's decision to release Garrido from federal supervision, the name of the commissioner who approved the release and any records related to the decision, and all records related to violations of parole by Garrido.

If you have any questions processing this request, you may contact us at the following telephone numbers: Denny Walsh, (916) 321-1189; Sam Stanton, (916) 321-1091. You also may email us at dwalsh@sacbee.com or sstanton@sacbee.com, or by FAX at (916) 321-1109.

Sincerely,



Denny Walsh



Sam Stanton

**CNN New York
1 Time Warner Center
New York, NY 10019**

Fax

10-049 1/29

RECEIVED
SEP - 1 2009
U.S. Parole Commission
Legal

09-534

To: FOIA Officer

From: Stephen Loiaconi

Fax: 301-492-5563

Pages: 2

Phone: 914-325-5018

Date: 9/1/09

Re: Phillip Craig Garrido

CC:

☒ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

• **Comments:**

A FOIA request is attached regarding records related to Phillip Garrido, register #36377-136.

Thank you,


Steve Loiaconi

Researcher

Nancy Grace

CNN Headline News

Ph: 914-325-5018

Fx: 703-222-0856

Stephen.loiaconi@turner.com

Stephen Loiaconi
CNN Headline News
1 Time Warner Center
New York, NY 10019
914-325-5018

September 1, 2009

FOIA Unit
U.S. Parole Commission
5550 Friendship Blvd., Suite 420
Chevy Chase, MD 20815

FOIA REQUEST

Dear FOIA Officer:

Pursuant to the federal Freedom of Information Act, 5 U.S.C. § 552, I request access to and copies of any available public records and documents related to parole proceedings and decisions regarding Phillip Craig Garrido, register #36377-136.

I agree to pay reasonable duplication fees for the processing of this request. Please notify me if such payment is required.

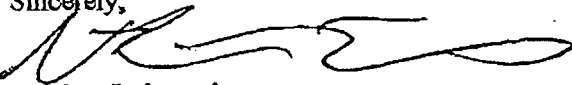
If my request is denied in whole or part, I ask that you justify all deletions by reference to specific exemptions of the act. I will also expect you to release all segregable portions of otherwise exempt material. I, of course, reserve the right to appeal your decision to withhold any information or to deny a waiver of fees.

As I am making this request as a journalist and this information is of timely value, I would appreciate your communicating with me by telephone (914-325-5018 or 917-991-5940), rather than by mail, if you have questions regarding this request. For any mail correspondence, though, please use the address below rather than the one at the top of this letter.

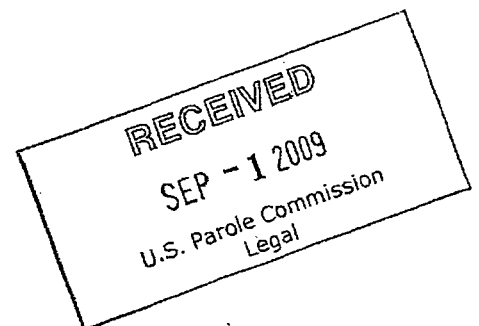
Stephen Loiaconi
10608 Kitty Pozer Dr
Apt G
Fairfax, VA 22030

Thank you for your assistance.

Sincerely,



Stephen Loiaconi
Researcher
Nancy Grace
CNN Headline News
Ph: 914-325-5018
Fx: 703-222-0856



Fax Cover Sheet

NEW YORK POST

1211 Avenue of the Americas, New York, NY 10036-8790

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SEP - 1 2009

U.S. Parole Commission
Legal

Date: 9/1/09

Pages (including this sheet): 2

To: ANISSA HUNTER

Fax number: 301-492-5563

From: LUKAS ALPERT

Post voice phone numbers:

Main Number: (212) 930-8000
Business: (212) 930-8271
City desk: (212) 930-8500
Editorial / Op-Ed: (212) 930-8537
Entertainment: (212) 930-8600
Library: (212) 930-8735

Page Six: (212) 930-8620
Photo desk: (212) 930-8505
Sports: (212) 930-8700
TV / Radio: (212) 930-8079

Other: _____

NEW YORK POST

1211 Avenue of the Americas, New York, NY 10036 8790

FOIA Unit

United States Parole Commission

5550 Friendship Blvd.

Suite 420

Chevy Chase, Md. 20815

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SEP -

Sept. 1, 2009

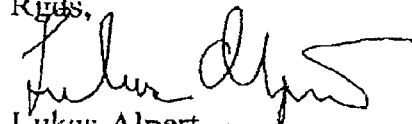
U.S. Parole Commission

To whom it may concern,

I am writing to request under the Freedom of Information Act the full file for Phillip Garrido, (DOB: 4/5/51) who was paroled in 1988 after serving 11 years of a 50 year sentence for interstate kidnapping in Nevada.

I am prepared to pay any fee required. I can be reached at 212-930-8127 or at lalpert@nypost.com.

Rrds,

Lukas Alpert
New York Post

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SEP - 1 2009

U.S. Parole Commission
Legal

PSCC4 540*23 *
PAGE 001 *

SENTENCE MONITORING
COMPUTATION DATA
AS OF 08-31-1993

* 06-14-1994
* 14:01:49

REGNO...: 36377-136 NAME: GARRIDO, PHILLIP CRAIG

FBI NO.....: 234901L7 DATE OF BIRTH: 04-05-1951
ARSL.....: CSF/PL PAR
UNIT.....: QUARTERS.....:
THE FOLLOWING SENTENCE DATA IS FOR THE INMATE'S PRIOR COMMITMENT.
THE INMATE WAS SCHEDULED FOR RELEASE: 08-31-1993 VIA PL PAR

DET/NOTIF RMK.....: NO NOTIFICATIONS: UNKNOWN

-----PRIOR JUDGMENT/WARRANT NO: 020 -----

COURT OF JURISDICTION.....: NEVADA
DOCKET NUMBER.....: R-76-88-BRT
JUDGE.....: THOMPSON B R
DATE SENTENCED/PROBATION IMPOSED: 03-11-1977
DATE WARRANT ISSUED.....: N/A
DATE WARRANT EXECUTED.....: N/A
DATE COMMITTED.....: 05-10-1993
HOW COMMITTED.....: PUBLIC LAW-PAROLEE
PROBATION IMPOSED.....: NO
SPECIAL PAROLE TERM.....:

-----RESTITUTION...: PROPERTY: NO SERVICES: NO AMOUNT: \$0.00-----

-----PRIOR OBLIGATION NO: 010 -----

OFFENSE CODE.....: 211
OFF/CHG: KIDNAPPING, 18 USC 1201

SENTENCE PROCEDURE.....: 4209 PAROLEE IN PRGM WITH DRUG AFT CARE
SENTENCE IMPOSED/TIME TO SERVE.: 120 DAYS
DATE OF OFFENSE.....: N/A

G0002

MORE PAGES TO FOLLOW . . .

PSCC4 540*23 *
PAGE 002 *

SENTENCE MONITORING
COMPUTATION DATA
AS OF 08-31-1993

* 06-14-1994
* 14:01:49

REGNO...: 36377-136 NAME: GARRIDO, PHILLIP CRAIG

-----PRIOR COMPUTATION NO: 020 -----

COMPUTATION 020 WAS LAST UPDATED ON 05-11-1993 AT CSF AUTOMATICALLY

THE FOLLOWING JUDGMENTS, WARRANTS AND OBLIGATIONS ARE INCLUDED IN
PRIOR COMPUTATION 020: 020 010

DATE COMPUTATION BEGAN.....: 05-10-1993
TOTAL TERM IN EFFECT.....: 120 DAYS
TOTAL TERM IN EFFECT CONVERTED...: 3 MONTHS 28 DAYS

TOTAL JAIL CREDIT TIME.....: 0
TOTAL INOPERATIVE TIME.....: 0
STATUTORY GOOD TIME RATE.....: 0
TOTAL SGT POSSIBLE.....: 0
PAROLE ELIGIBILITY.....: N/A
STATUTORY RELEASE DATE.....: N/A
TWO THIRDS DATE.....: N/A
180 DAY DATE.....: N/A
EXPIRATION FULL TERM DATE.....: 09-06-1993

NEXT PAROLE HEARING DATE.....: UNKNOWN
TYPE OF HEARING.....: UNKNOWN

ACTUAL SATISFACTION DATE.....: 08-31-1993
ACTUAL SATISFACTION METHOD.....: PL PAR
ACTUAL SATISFACTION FACILITY.....: CSF
ACTUAL SATISFACTION KEYED BY.....: KSD

DAYS REMAINING.....: 6
FINAL PUBLIC LAW DAYS.....: 0
REMARKS.....: RELEASE FORTHWITH. WITHDRAW WARRANT DATED 03/18/93. REINSTATE
TO SUPERVISION W/THE DRUG AFTERCARE CONDITION AND ELECTRONIC
MONITORING FOR 120 DAYS.

PSCC4 540*23 *
PAGE 003 *

SENTENCE MONITORING
COMPUTATION DATA
AS OF 01-20-1988

* 06-14-1994
* 14:01:49

REGNO...: 36377-136 NAME: GARRIDO, PHILLIP CRAIG

FBI NO.....: DATE OF BIRTH: 04-05-1951
ARS1.....: CSF/PL PAR
UNIT.....: QUARTERS.....:
THE FOLLOWING SENTENCE DATA IS FOR THE INMATE'S PRIOR COMMITMENT.
THE INMATE WAS SCHEDULED FOR RELEASE: 01-20-1988 VIA PAROLE

DET/NOTIF RMK.....: YES NOTIFICATIONS: YES

REMARKS.....: 207 PC 2 CTS,SO,EL DORADO CTY,PLACEVILLE,CA; FORCIBLE RAPE-LI
SO,WASHOE CTY,RENO,NV; NOTIFY NEVADA ST PRIS,CARSON CITY,NV

-----PRIOR JUDGMENT/WARRANT NO: 010 -----

COURT OF JURISDICTION.....: NEVADA
DOCKET NUMBER.....: R-76-88-BRT
JUDGE.....: THOMPSON B R
DATE SENTENCED/PROBATION IMPOSED: 03-11-1977
~~DATE WARRANT ISSUED.....: N/A~~
DATE WARRANT EXECUTED.....: N/A
DATE COMMITTED.....: 05-03-1977
HOW COMMITTED.....: US DISTRICT COURT COMMITMENT
PROBATION IMPOSED.....: NO
SPECIAL PAROLE TERM.....:

RESTITUTION...: PROPERTY: SERVICES: AMOUNT: \$0.00

-----PRIOR OBLIGATION NO: 010 -----

OFFENSE CODE.....: 211
OFF/CHG: KIDNAPPING, 18 USC 1201

SENTENCE PROCEDURE.....: 4205(A) REG ADULT-ORIG TERM GRTR THAN 1YR
SENTENCE IMPOSED/TIME TO SERVE.: 50 YEARS

REMARKS.....: IN STATE CUSTODY 03-11-1977
FEDERAL CUSTODY TO SERVE 04-11-1977

G0002 MORE PAGES TO FOLLOW . . .

PSCC4 540*23 *
PAGE 004 OF 004 *

SENTENCE MONITORING
COMPUTATION DATA
AS OF 01-20-1988

* 06-14-1994
* 14:01:49

REGNO.: 36377-136 NAME: GARRIDO, PHILLIP CRAIG

-----PRIOR COMPUTATION NO: 010 -----

COMPUTATION 010 WAS LAST UPDATED ON 01-11-1988 AT LOM AUTOMATICALLY

THE FOLLOWING JUDGMENTS, WARRANTS AND OBLIGATIONS ARE INCLUDED IN
PRIOR COMPUTATION 010: 010 010

DATE COMPUTATION BEGAN.....: 04-11-1977
TOTAL TERM IN EFFECT.....: 50 YEARS
TOTAL TERM IN EFFECT CONVERTED...: 50 YEARS

TOTAL JAIL CREDIT TIME.....: 0
TOTAL INOPERATIVE TIME.....: 0
STATUTORY GOOD TIME RATE.....: 10
TOTAL SGT POSSIBLE.....: 6000
PAROLE ELIGIBILITY.....: 04-10-1987
STATUTORY RELEASE DATE.....: 11-05-2010
~~TWO THIRDS DATE.....: 04-10-2007~~
180 DAY DATE.....: 10-12-2026
EXPIRATION FULL TERM DATE.....: 04-10-2027

PRESUMPTIVE PAROLE DATE.....: 01-20-1988
PAROLE EFFECTIVE.....: 01-20-1988
~~PAROLE EFF VERIFICATION DATE.....: 11-20-1987~~
NEXT PAROLE HEARING DATE.....: 11-01-1987
TYPE OF HEARING.....: INITIAL

ACTUAL SATISFACTION DATE.....: 01-20-1988
ACTUAL SATISFACTION METHOD.....: PAROLE
ACTUAL SATISFACTION FACILITY.....: LOM
ACTUAL SATISFACTION KEYED BY.....: GGE

DAYS REMAINING.....: 14325
FINAL PUBLIC LAW DAYS.....: 0

S0039

ALL CURRENT COMPS ARE SATISFIED

PWXAZ 540.23 *
PAGE 005 OF 005 *

SENTENCE MONITORING
COMPUTATION DATA
AS OF 01-20-1988

* 01-11-1988
* 13:37:44

REGISTER NO.: 36377-136 NAME: GARRIDO, PHILLIP CRAIG
COMPUTATION NO: 010 FUNCTION: DIS

180 DAY DATE: 10-12-2026
EXPIRATION FULL TERM DATE: 04-10-2027

PRESUMPTIVE PAROLE DATE: 01-20-1988
PAROLE EFF VERIFICATION DATE: 11-20-1987
NEXT PAROLE HEARING DATE: 11-01-1987
TYPE OF HEARING: INITIAL

ACTUAL SATISFACTION DATE: 01-20-1988
ACTUAL SATISFACTION METHOD: PAROLE
ACTUAL SATISFACTION FACILITY: LOM
ACTUAL SATISFACTION KEYED BY: GGE

DAYS REMAINING: 14325
FINAL PUBLIC LAW DAYS: 0

60000 TRANSACTION SUCCESSFULLY COMPLETED

LUNA3 540*23 *
AGE 001 *

SENTENCE MONITORING
COMPUTATION DATA
AS OF 05-30-1985

* 05-30-1985
* 09:52:10

REGISTER NO...: 36377-136 NAME: GARRIDO PHILLIP CRAIG

BI NO.....: 234901L07 DATE OF BIRTH: 04-05-1951

RS1: LVN A-DES

THE FOLLOWING SENTENCE DATA IS FOR THE INMATE'S CURRENT COMMITMENT.

THE INMATE IS PROJECTED FOR RELEASE: 03-16-2006 VIA MAND REL

EMARKS.....: 207 PC 2 CTS, SO, EL DORADO CTY, PLACEVILLE, CA; FORCIBLE RAPE-LIF
SO, WASHOE CTY, RENO, NV; NOTIFY NEVADA ST PRIS, CARSON CITY, NV

----- JUDGMENT/WARRANT NO: 010 -----

COURT OF JURISDICTION.....: NEVADA

DOCKET NUMBER.....: ~~REDACTED~~

JUDGE.....: THOMPSON B R

DATE SENTENCED/PROBATION IMPOSED: 03-11-1977

DATE WARRANT ISSUED.....: N/A

DATE WARRANT EXECUTED.....: N/A

DATE COMMITTED.....: 05-03-1977

HOW COMMITTED.....: US DSTR CRT (USC/DCC OFFENSE)

PROBATION IMPOSED.....: NO

SPECIAL PAROLE TERM.....:

UNCOMMITTED FINES/COSTS.....:

COMMITTED FINES/COSTS.....: \$ 0.00

\$ 0.00

RESTITUTION IMPOSED - PROPERTY: SERVICES: AMOUNT:

----- OBLIGATION NO: 010 -----

OFFENSE/CHARGE: KIDNAPING 18 USC 1201

SENTENCE PROCEDURE.....: 4205(A) REG ADULT-ORIG TERM GRTR THAN 1YR

SENTENCE IMPOSED/TIME TO SERVE.: 50 YEARS

REMARKS.....: IN STATE CUSTODY 03-11-1977

FEDERAL CUSTODY TO SERVE 04-11-1977

G0002

MORE PAGES TO FOLLOW . . .

LVNA3 540*23 *
PAGE.002 OF.002 *

SENTENCE MONITORING
COMPUTATION DATA
AS OF 05-30-1985

* 05-30-1985
* 09:52:10

REGISTER NO...: 36377-136 NAME: GARRIDO

PHILLIP CRAIG

----- COMPUTATION NO: 010 -----

COMPUTATION 010 WAS LAST UPDATED ON 05-30-1985 AT LVN AUTOMATICALLY

THE FOLLOWING JUDGMENTS, WARRANTS AND OBLIGATIONS ARE INCLUDED
IN COMPUTATION 010: 010 010

DATE COMPUTATION BEGAN.....: 04-11-1977
TOTAL TERM IN EFFECT.....: 50 YEARS
TOTAL TERM IN EFFECT CONVERTED...: 50 YEARS

TOTAL JAIL CREDIT TIME.....: 0
TOTAL INOPERATIVE TIME.....: 0
STATUTORY GOOD TIME RATE.....: 10
TOTAL SGT POSSIBLE.....: 6000
PAROLE ELIGIBILITY.....: 04-10-1987
STATUTORY RELEASE DATE.....: 11-05-2010
TWO THIRDS DATE.....: 04-10-2007
180 DAY DATE.....: 10-12-2026
EXPIRATION FULL TERM DATE.....: 04-10-2027

PROJECTED SATISFACTION DATE.....: 03-16-2006
PROJECTED SATISFACTION METHOD...: MAND REL

G0000 TRANSACTION SUCCESSFULLY COMPLETED

United States of America vs.

United States District Court

DEFENDANT

PHILLIP CRAIG GARRIDO

DISTRICT OF NEVADA

DOCKET NO.

76-10-324

JUDGMENT AND PROBATION/COMMITMENT ORDER

AO 245 (6/71)

In the presence of the attorney for the government
the defendant appeared in person on this date

MONTH DAY YEAR

MARCH 11, 1977

COUNSEL

☐ WITHOUT COUNSEL

However the court advised defendant of right to counsel and asked whether defendant desired to have counsel appointed by the court and the defendant thereupon waived assistance of counsel.

☒ WITH COUNSEL

Willard Van Hazel

(Name of counsel)

PLEA

☐ GUILTY, and the court being satisfied that
there is a factual basis for the plea,

☐ NOLO CONTENDERE,

☒ NOT GUILTY

There being a ~~finding~~ verdict of

☐ NOT GUILTY. Defendant is discharged

☒ GUILTY.

FINDING &
JUDGMENT

Defendant has been convicted as charged of the offense(s) of violation of Sec. 1201(a)(1),
U.S.C. - Kidnapping.

F.O.I. EXEMPT

SENTENCE

The court asked whether defendant had anything to say why judgment should not be pronounced. Because no sufficient cause to the contrary was shown, or appeared to the court, the court adjudged the defendant guilty as charged and convicted and ordered that: The defendant hereby committed to the custody of the Attorney General or his authorized representative for imprisonment for a period of FIFTY (50) YEARS.

CERTIFICATE OF EARLY TERMINATION

GARRIDO, Phillip Craig

36377-136

Date Sentence

Imposed: **3/11/1977**

Date Supervision Began: **1/20/1988**

District of


Supervision: **Northern California**

The Commission has issued the following order:

YOU ARE HEREBY DISCHARGED FROM PAROLE

By this action, you are no longer under the jurisdiction of the U.S. Parole Commission.

After a thorough review of your case, the Commission has decided that you are deserving of an early discharge. You are commended for having responded positively to supervision and for the personal accomplishment(s) you have made. The Commission trusts that you will continue to be a productive citizen and obey the laws of society.


Raymond E. Essex
Administrator

March 9, 1999
Date

☐ Parolee Copy

☐ U.S. Probation Officer Copy

☒ File Copy

U.S. DEPARTMENT OF JUSTICE
UNITED STATES PAROLE COMMISSION

Early Termination Notice/Waiver

NAME: GARRIDO, Phillip Craig

REG. NO: 36377-136

DATE SUPERVISION BEGAN: 01/20/1988

FULL TERM DATE: 04/10/2027

You will shortly complete (or have already completed) five years under supervision in the community since your release from the federal term indicated by the dates shown above, excluding any time spent in custody. A review of your record has been made and a preliminary determination has been made that you should be continued under supervision.

A final decision will not be made, however, until you have had an opportunity to have a personal hearing before a representative of the U.S. Parole Commission. The purpose of the hearing will be to obtain information which the Regional Commissioner may use in making a possible finding either that there is a likelihood that you will engage in future criminal conduct or that your supervision should be terminated. At such hearing, you have the right to be represented by an attorney or other representative, testify on your own behalf, have voluntary witnesses appear on your behalf, be apprised of any evidence against you, and confront and cross-examine any adverse witnesses (unless the U.S. Parole Commission specifically finds substantial reason for not allowing such witnesses). If you desire an attorney but cannot afford one, you may request that the court appoint an attorney for you. To make such request, you must obtain a Form CJA-22 from your Probation Officer, complete it and return it to him.

If you desire a personal hearing, arrangements will be made relative to time and a place, which probably will be the U.S. Courthouse in your district.

If you do not wish to have a personal hearing as described above, you may waive that right. If you waive the hearing, the U.S. Parole Commission will conduct annual reviews of your record, and may terminate your supervision earlier than the full term date of your sentence on the basis of such reviews. You will also have the right to ask for a personal hearing upon completion of one additional year under supervision; and additional hearings must be conducted every two years thereafter unless waived.

Please initial the appropriate alternative(s):

☐ I do not wish a personal hearing and understand that I will remain under supervision according to the conditions of my release. I understand that the U.S. Parole Commission will review my record annually and if I am not terminated ~~sometime earlier than my full term date, I may request a personal hearing after one year, and am entitled to subsequent hearings every two years thereafter.~~

☐ I wish to have a personal hearing to present my views relative to possible early termination of parole (mandatory release).

☐ A. I do not wish an attorney or witnesses.

☐ B. I will obtain an attorney or other person of my own choice to represent me. I understand that it is my responsibility to keep my attorney advised as to the time and place of the hearing.

☐ C. I will have voluntary witnesses appear.

☐ D. I wish an attorney but cannot afford one. I will submit a completed Form CJA-22 to my Probation Officer. I understand that it is my responsibility to keep my attorney advised as to the time and place of the hearing.

☐ E. I wish to have the following adverse witnesses present for confrontation or cross examination (list names and official titles):

Witness

Date

Signature

Date

Instructions: Original and copy to Releasee (original to be returned to the U.S. Parole Commission); copy to Probation Officer. If court appointed attorney is requested, the Probation Officer should forward the completed Form CJA-22 to the court and advise the Commission when and if an attorney has been appointed.

U.S. Department of Justice
United States Parole Commission
Chevy Chase, MD 20815

NOTICE OF ACTION

PAROLE FORM H-7
AUG. 85

NAME: GARRIDO, Phillip

REGISTER NUMBER: 36377-136

INSTITUTION: FDC Dublin

In the case of the above-named, the following parole action was ordered:

Release forthwith. Withdraw warrant dated March 18, 1993. Reinstate to supervision.

(B(6))/(B(7))(c)

(B(6))/(B(7))(c)

(REASONS/CONDITIONS)

THE ABOVE DECISION IS NOT APPEALABLE.

04-29-93
(DATE)

SOUTH CENTRAL
(REGION)

GETTY
(COMMISSIONER)

mg
(DOCKET CLERK)

cc: USPD Joseph Lopez
Oakland, CA

() INMATE () PROBATION OFFICER () INSTITUTION () ASM () COMMISSION () FOIA

A presumptive parole date is conditioned upon your maintaining good institutional conduct and the development of a suitable release plan. Prior to release your case will be subject to review to ascertain that these conditions have been fulfilled.

You may obtain appeal forms from your caseworker and they must be filed with the Commission within thirty days of the date this Notice was sent. Copies of this Notice are sent to your institution and/or your probation officer. In certain cases copies may also be sent to the sentencing court. You are responsible for advising any others, if you so wish.

SALIENT FACTOR SCORE (SFS 81)

ITEM A. PRIOR CONVICTIONS/ADJUDICATIONS (*ADULT OR JUVENILE*)

None = 3; One = 2; Two or three = 1; Four or more. . . = 0

ITEM B. PRIOR COMMITMENTS OF MORE THAN THIRTY DAYS (*ADULT OR JUVENILE*)

None = 2; One or two = 1; Three or more = 0

ITEM C. AGE AT COMMENCEMENT OF THE CURRENT OFFENSE/PRIOR COMMITMENTS OF MORE THAN THIRTY DAYS (*ADULT OR JUVENILE*)

Age at commencement of the current offense: 26 years of age or more = 2***; 20-25 years of age = 1***; 19 years of age or less = 0

***EXCEPTION: if five or more prior commitments of more than thirty days, (*adult or juvenile*), place an 'x' here () and score this item. . . . = 0.

ITEM D. RECENT COMMITMENT FREE PERIOD (*THREE YEARS*)

No prior commitment of more than thirty days, (*adult or juvenile*), or released to the community from last such commitment at least three years prior to the commencement of the current offense = 1; Otherwise = 0

ITEM E. PROBATION/PAROLE/CONFINEMENT/ESCAPE STATUS VIOLATOR THIS TIME

Neither on probation, parole, confinement, or escape status at the time of the current offense; nor committed as a probation, parole confinement, or escape status violator this time = 1; Otherwise = 0

ITEM F. HISTORY OF HEROIN/OPIATE DEPENDENCE

No history of heroin or opiate dependence = 1; Otherwise = 0

MOST FREQUENT SPECIAL CONDITIONS

Special Drug Aftercare Condition:

You shall participate as instructed by your probation officer in a program approved by the Parole Commission for treatment of narcotic addiction or drug dependency, which may include testing and examination to determine if you have reverted to the use of drugs.

Special Alcohol Aftercare Condition:

You shall participate in a community based program for the treatment of alcoholism as directed by your probation officer.

Special Mental Health Aftercare Condition:

You shall participate in an in-patient or an out-patient mental health program as directed by your probation officer.

Special Community Treatment Center Condition:

You shall reside in and participate in a program of the Community Treatment Center as instructed until discharge by the Center Director, but no later than 120 days from admission.

NOTICE OF ACTION

Name Garrido, Phillip Craig

Register Number 36377-136 Institution _____

In the case of the above-named the following parole action was ordered:

(B(6))/(B(7)(c))

(B(6))/(B(7)(c))

A presumptive parole date is conditioned upon your maintaining good institutional conduct and the development of a suitable release plan. Prior to release your case will be subject to review to ascertain that these conditions have been fulfilled. For an explanation of special conditions of release, see the reverse side of this form.

(Reasons/Conditions)

***PLEASE SEE REVERSE SIDE**

SALIENT FACTOR SCORE (SFS 81): Your individual salient factor score items have been computed as shown below. For an explanation of the salient factor score items, see the reverse side of this form.

ITEM A[]; B[]; C[]; ()[*]; D[]; E[]; F[]; Total Score[]

*If five or more prior commitments, place an 'x' in the parenthesis in Item C.

Appeals procedure: You may appeal a decision to the Regional Commissioner under 28 CFR 2.25; except as noted below:

EXCEPTIONS:

- _____ The above decision is appealable to the National Appeals Board under 28 CFR 2.26;
- _____ The above is an original jurisdiction decision, and is appealable to the Commission under 28 CFR 2.27;
- _____ THE ABOVE DECISION IS NOT APPEALABLE.

You may obtain appeal forms from your caseworker and they must be filed with the Commission within thirty days of the date this Notice was sent. Copies of this Notice are sent to your institution and/or your probation officer. In certain cases copies may also be sent to the sentencing court. You are responsible for advising any others, if you so wish.

9-1-88

(Date)

WESTERN

(Region)/(NAB)/(Nat. Comm.)

lar

(Docket Clerk)

SALIENT FACTOR SCORE (SFS 81)

ITEM A. PRIOR CONVICTIONS/ADJUDICATIONS (*ADULT OR JUVENILE*)

None = 3; One = 2; Two or three = 1; Four or more . . . = 0

ITEM B. PRIOR COMMITMENTS OF MORE THAN THIRTY DAYS (*ADULT OR JUVENILE*)

None = 2; One or two = 1; Three or more = 0

ITEM C. AGE AT COMMENCEMENT OF THE CURRENT OFFENSE / PRIOR COMMITMENTS OF MORE THAN THIRTY DAYS (*ADULT OR JUVENILE*)

Age at commencement of the current offense: 26 years of age or more = 2***; 20-25 years of age = 1***; 19 years of age or less = 0

***EXCEPTION: If five or more prior commitments of more than thirty days, (*adult or juvenile*), place an 'x' here () and score this item . . . = 0.

ITEM D. RECENT COMMITMENT FREE PERIOD (*THREE YEARS*)

No prior commitment of more than thirty days (*adult or juvenile*), or released to the community from last such commitment at least three years prior to the commencement of the current offense = 1; Otherwise = 0

ITEM E. PROBATION/PAROLE/CONFINEMENT/ESCAPE STATUS VIOLATOR THIS TIME

Neither on probation, parole, confinement, or escape status at the time of the current offense; nor committed as a probation, parole, confinement, or escape status violator this time = 1; Otherwise = 0

ITEM F. HISTORY OF HEROIN/OPIATE DEPENDENCE

No history of heroin or opiate dependence = 1; Otherwise = 0

SPECIAL CONDITIONS

Special Drug Aftercare Condition:

You shall participate as instructed by your probation officer in a program approved by the Parole Commission for treatment of narcotic addiction or drug dependency, which may include testing and examination to determine if you have reverted to the use of drugs.

Special Alcohol Aftercare Condition:

You shall participate in a community based program for the treatment of alcoholism as directed by your probation officer.

Special Mental Health Aftercare Condition:

You shall participate in an in-patient or an out-patient mental health program as directed by your probation officer.

Special Community Treatment Center Condition:

You shall reside in and participate in a program of the Community Treatment Center as instructed until discharge by the Center Director, but no later than 120 days from admission.

U.S. Department of Justice **FILE**
United States Parole Commission



Chevy Chase, Maryland 20815

WESTERN REGION

Certificate of Parole

JAN 26 4 41 PM '88
SAN FRANCISCO REGION

Know all Men by these Presents:

It having been made to appear to the United States Parole Commission

that Phillip Craig Garrido, Register No. 36377-136, a prisoner in
United States Penitentiary
the Lompoc, California is eligible to be PAROLED, and in that said prisoner
substantially observed the rules of the institution, and in the opinion of the Commission said prisoner's release would
not depreciate the seriousness of this offense or promote disrespect for the law, and would not jeopardize the public
welfare, it is ORDERED by the said United States Parole Commission that said prisoner be PAROLED on

*January 20, 1988; and that said prisoner is to remain within the limits of

District of Nevada until April 10, ~~19~~ 2027

Given under the hands and the seal of the United States Parole Commission this 14th day
of January, nineteen hundred and eighty-eight

*to the actual physical custody of
detaining authorities, if
detainer is not exercised, parole
effective February 20, 1988 to
the community.*

UNITED STATES PAROLE COMMISSION,

By

Ms. Jerri Barnett, Case Analyst

Initial Risk Category: good (SFS:6)

Advisor

Probation Officer Fred C. Pierce, CUSPO, Las Vegas, Nevada

mjt

I have read, or had read to me, the conditions of release printed on the reverse of this certificate and received a
copy thereof. I fully understand them and know that if I violate any, I may be recommitted. I also understand that
special conditions may be added or modifications of any condition may be made by the Parole Commission upon
notice required by law.

Phillip Garrido
(Name)

36377-136
(Register Number)

WITNESSED

Robert W. Kiesel

Senior Case Manager
(Title)

1-19-1988
(Date)

UNITED STATES PAROLE COMMISSION:

The above-named person was released on the 20th day of January, 19 88 with a total of 14325 days
remaining to be served.

[Signature]
(Chief Executive Officer)

CONDITIONS OF RELEASE

1. You shall go directly to the district shown on this CERTIFICATE OF RELEASE (unless released to the custody of other authorities). Within three days after your arrival, you shall report to your parole advisor if you have one, and the United States Probation Officer whose name appears on this Certificate. If in any emergency you are unable to get in touch with your parole advisor, or your probation officer or the United States Probation Office, you shall communicate with the United States Parole Commission, Department of Justice, Chevy Chase, Maryland 20815.

2. If you are released to the custody of other authorities, and after your release from physical custody of such authorities, you are unable to report to the United States Probation Officer to whom you are assigned within three days, you shall report instead to the nearest United States Probation Officer.

3. You shall not leave the limits fixed by this CERTIFICATE OF RELEASE without written permission from your probation officer.

4. You shall notify your probation officer within 2 days of any change in your place of residence.

5. You shall make a complete and truthful written report (on a form provided for that purpose) to your probation officer between the first and third day of each month, and on the final day of parole. You shall also report to your probation officer at other times as your probation officer directs, providing complete and truthful information.

6. You shall not violate any law. Nor shall you associate with persons engaged in criminal activity. You shall get in touch within 2 days with your probation officer or the United States Probation Office if you are arrested or questioned by a law-enforcement officer.

7. You shall not enter into any agreement to act as an "informer" or special agent for any law-enforcement agency.

8. You shall work regularly unless excused by your probation officer, and support your legal dependents, if any, to the best of your ability. You shall report within 2 days to your probation officer any changes in employment.

9. You shall not drink alcoholic beverages to excess. You shall not purchase, possess, use, or administer marihuana or narcotic or other habit-forming or dangerous drugs, unless prescribed or advised by a physician. You shall not frequent places where such drugs are illegally sold, dispensed, used or given away.

10. You shall not associate with persons who have a criminal record unless you have permission of your probation officer.

11. You shall not possess a firearm or other dangerous weapon.

12. You shall permit confiscation by your probation officer of any materials which your probation officer believes may constitute contraband in your possession and which your probation officer observes in plain view in your residence, place of business or occupation, vehicle(s) or on your person.

13. You shall make a diligent effort to satisfy any fine, restitution order, court costs or assessment, and/or court ordered child support or alimony payment that has been, or may be, imposed, and shall provide such financial information as may be requested, by your Probation Officer, relevant to the payment of the obligation. If unable to pay the obligation in one sum, will cooperate with your Probation Officer in establishing an installment payment schedule.

SPECIAL CONDITIONS: (Applicable only if indicated)

You shall participate as instructed by your probation officer in a program approved by the Parole Commission for treatment of narcotic addiction or drug dependency, which may include testing and examination to determine if you have reverted to the use of drugs.

You shall participate in a community based program for the treatment of alcoholism as directed by your probation officer.

You shall participate in an in-patient or an out-patient mental health program as directed by your probation officer.

You shall reside in and participate in a program of the Community Treatment Center as instructed until discharge by the Center Director, but no later than 120 days from admission.

Other:

This CERTIFICATE will become effective on the date of release shown on the reverse side. If the release fails to comply with any of the conditions listed above, the releasee may be summoned to a hearing or retaken on a warrant issued by a Commissioner of the U.S. Parole Commission and reimprisoned pending a hearing to determine if the release should be revoked.

Information concerning a releasee under the supervision of the U.S. Parole Commission may be disclosed to a person or persons who may be exposed to harm through contact with that particular releasee if such disclosure is deemed to be reasonably necessary to give notice that such danger exists. Information concerning releasees may be released to a law enforcement agency as required for the protection of the public or the enforcement of the conditions of the release.

CONSENT

RECEIVED
JAN 26 4 14 PM '88

Pursuant to the condition in my parole certificate requiring treatment, I hereby consent to unrestricted communication between the treatment facility administering the drug, mental health or alcohol treatment program in which I am, have been, or will be participating; and the U. S. Parole Commission and my Probation (Parole) Officers. I further consent to the disclosure by such facility to said Parole Commission and Probation Officers of any information requested, and the redisclosure of such information to such Agencies as require it for the performance of their official duties in respect to me. This consent shall be irrevocable during my release from confinement.

Philly Garro
NAME

36377-136
REGISTER NUMBER

M. Kirsch
WITNESSED

1-19-88
DATE

Case Mgr.
TITLE

DISTRIBUTION

U. S. PROBATION OFFICER
DRUG TESTING AGENCY (IF UNKNOWN, SEND TO USPO)
U. S. PAROLE COMMISSION, WESTERN REGION

NOTICE OF ACTION

NAME: Garrido, Phillip

REGISTER NUMBER: 36377-136

INSTITUTION: USP Lompoc

In the case of the above-named the following parole action was ordered:

Parole effective after the service of 134 months, January 20, 1988 to the actual physical custody of detaining authorities; if detainer is not exercised, parole effective February 20, 1988 to the community

(B(6))/(B(7))(c)

(B(6))/(B(7))(c)

(B(6))/(B(7))(c)

(REASONS/CONDITIONS)

Your offense behavior has been rated as Category Seven severity because it involved kidnapping and rape. Your salient factor score [(B(6))/(B(7))(c)] You have been in state and federal confinement as a result of your behavior for a total of 131 months. Guidelines established by the Commission indicate a [(B(6))/(B(7))(c)] to be served for cases with good institutional adjustment and program achievement. In addition, you have committed rescission behavior classified as administrative. Guidelines established by the Commission indicate a range of [(B(6))/(B(7))(c)] per drug related disciplinary infraction. You [(B(6))/(B(7))(c)] committed 3 drug related infractions. Your aggregate guideline [(B(6))/(B(7))(c)] months to be served. After review of all relevant factors and information presented, a decision above the guidelines appears warranted because the following circumstances are present: you have already served above the guidelines at this time and you have a state sentence detainer. Also, additional time is needed for case processing.

SALIENT FACTOR SCORE (SFS-81): Your individual salient factor score items have been computed as shown below. For an explanation of the salient factor items, see reverse side of this form.

(B(6))/(B(7))(c)

(B(6))/(B(7))(c)

(B(6))/(B(7))(c)

Appeals Procedure: You may appeal a decision to the National Appeals Board under 28 CFR 2.26.

November 20, 1987 WESTERN Armstrong tmm
(DATE) (REGION) (COMMISSIONER) (DOCKET CLERK)
() Inmate Copy () Institution Copy () USPO Copy () USPC Copy () FOIA Copy

A presumptive parole date is conditioned upon your maintaining good institutional conduct and the development of a suitable release plan. Prior to release your case will be subject to review to ascertain that these conditions have been fulfilled.

You may obtain appeal forms from your caseworker and they must be filed with the Commission within thirty days of the date this Notice was sent. Copies of this Notice are sent to your institution and/or your probation officer. In certain cases copies may also be sent to the sentencing court. You are responsible for advising any others, if you so wish.

SALIENT FACTOR SCORE (SFS 81)

ITEM A. PRIOR CONVICTIONS/ADJUDICATIONS (*ADULT OR JUVENILE*)

None = 3; One = 2; Two or three = 1; Four or more. . . = 0

ITEM B. PRIOR COMMITMENTS OF MORE THAN THIRTY DAYS (*ADULT OR JUVENILE*)

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Age at commencement of the current offense: 26 years of age or more = 2***; 20-25 years of age = 1***; 19 years of age or less = 0

***EXCEPTION: if five or more prior commitments of more than thirty days, (*adult or juvenile*), place an 'x' here () and score this item. . . . = 0.

ITEM D. RECENT COMMITMENT FREE PERIOD (*THREE YEARS*)

No prior commitment of more than thirty days, (*adult or juvenile*), or released to the community from last such commitment at least three years prior to the commencement of the current offense = 1; Otherwise = 0

ITEM E. PROBATION/PAROLE/CONFINEMENT/ESCAPE STATUS VIOLATOR THIS TIME

Neither on probation, parole, confinement, or escape status at the time of the current offense; nor committed as a probation, parole confinement, or escape status violator this time = 1; Otherwise = 0

ITEM F. HISTORY OF HEROIN/OPIATE DEPENDENCE

No history of heroin or opiate dependence = 1; Otherwise = 0

MOST FREQUENT SPECIAL CONDITIONS

Special Drug Aftercare Condition:

You shall participate as instructed by your probation officer in a program approved by the Parole Commission for treatment of narcotic addiction or drug dependency, which may include testing and examination to determine if you have reverted to the use of drugs.

Special Alcohol Aftercare Condition:

You shall participate in a community based program for the treatment of alcoholism as directed by your probation officer.

Special Mental Health Aftercare Condition:

You shall participate in an in-patient or an out-patient mental health program as directed by your probation officer.

Special Community Treatment Center Condition:

You shall reside in and participate in a program of the Community Treatment Center as instructed until discharge by the Center Director, but no later than 120 days from admission.



U.S. Department of Justice
U.S. Parole Commission

ORDER

Name Harris, Phillip Craig

Register Number 36377-136

Institution USP Jampoc

In the case of the above-named, the Commission has carefully examined all the information at its disposal and the following action with regard to parole, parole status, or mandatory release status is hereby ordered:

Schedule for an in-person hearing

~~(b)(2)~~

10.27.87

Date 22 Oct 87

Date _____

(Date Notice sent)

(Region-specific)

National Appeals Board _____

(check)

National Commissioners _____

(check)

Full Commission _____

(check)

U.S. Department of Justice
United States Parole Commission

Referral to Regional Commissioner

Name Garrido, Philip Craig Due Date 11-26-87
Reg. No. # 372136 Institution USP Longoc
Hearing Type: Initial ☒ SIH ☐ Revocation ☐ Rescission ☐
Special Reconsideration ☐ Other ☐ (B)(6)/(B)(7)(C)

COMMENTS BY REGIONAL ADMINISTRATOR:

Concur with panel in setting a date above 6/1/87 at 134 mma. I intend to have a hearing on 6/1/87. It is a state cc sentence to serve. I do not see a need to refer under 05.
(Name)
(B)(6)/(B)(7)(C)
(B)(6)/(B)(7)(C)

ACTION BY REGIONAL COMMISSIONER:

☒ Agree with: (1) (b)(2) (2) 11-18-87 (3) (Name)
(The Panel) (RA) (Examiner—by Name)
☐ Refer to National Commissioners 28 CFR §2.24 (a)
☐ Designate Original Jurisdiction 28 CFR §2.17
☐ Modification: 28 CFR §2.24 (b)(1)
☐ Modification: 28 CFR §2.24 (b)(2)
☐ Remand for rehearing: 28 CFR §2.24 (b)(3)
☐ Other

COMMENTS BY REGIONAL COMMISSIONER:

(Use reverse for comments if necessary, use tumble style)



U.S. Department of Justice
U.S. Parole Commission

ORDER

Name Garrido, Phillip Craig

Register Number 36377-136

Institution USP Lompoc

In the case of the above-named, the Commission has carefully examined all the information at its disposal and the following action with regard to parole, parole status, or mandatory release status is hereby ordered:

Refer to Regional Commission for Original Jurisdiction consideration.

Reason: 2.17(b)(4)

(b)(2)

Date November 5, 1987

Refusal to National Commission not deemed warranted

(b)(2)

(b)(2)

11-18-87

Date _____

(Date Notice sent)

(Region-specify)

National Appeals Board _____ (check)

National Commissioners _____ (check)

Full Commission _____ (check)



U.S. Department of Justice
U.S. Parole Commission

76299
ORDER

Name Sariso, Phillip Craig

Register Number 36377-136

Institution USP Lompoc

In the case of the above-named, the Commission has carefully examined all the information at its disposal and the following action with regard to parole, parole status, or mandatory release status is hereby ordered:

Parole effective after the service of one hundred thirty four months, January 20, 1988
to the actual physical custody of detaining authorities; if detainer is not
exercised, parole effective February 20, 1988 to the community with the
(b)(6)/(b)(7)(c) [redacted], and the special CTC condition [redacted]

(b)(6)/(b)(7)(c)

(b)(2)

Date November 5, 1987

(b)(2)

11-18-87

BY [Signature]

U.S. P.C.

Date _____

NOV 20 1987

(Date Notice sent)

WESTERN

(Region-specify)

National Appeals Board _____ (check)

National Commissioners _____ (check)

Full Commission _____ (check)

Memorandum



U. S. Parole Commission
1301 Shoreway Road, Fourth Floor
Belmont, California 94002

Subject	Date
Parole Certificates GARRIDO, PHILLIP CRAIG REG. NO. 36377-136	January 14, 1988

To UNITED STATES PENITENTIARY
LOMPOC, CA

From (B(6))/(B(7))(c)
U. S. Parole Commission - WRO

Enclosed are parole certificates for above-named subject. You will note that a Special Community Treatment Center Condition has been imposed, requiring that subject remain up to 120 days at the Community Treatment Center as a condition of parole.

Please have subject execute these certificates and consent forms, if applicable, on, or as soon after the parole date indicated on the face of the certificate as possible, as subject will not be in parole status until the certificates have been signed by him/her. When the Probation Officer and the Community Treatment Center Director agree that an adequate plan for release to community living has been confirmed, subject should be terminated from the Community Treatment Center. If more than 120 days is required, please inform the Commission's Post Release Analyst in writing of the basis of the need for additional time.

Attachment: Parole Certificate

cc: CUSPO, Las Vegas, Nevada: For your information
(B(6))/(B(7))(c) PM, Phoenix, Arizona: For your information

Memorandum



U.S. PENITENTIARY PAROLE COMMISSION
1341 SHERIDAN WAY ROAD, FOURTH FLOOR
BELMONT, CALIFORNIA 94002

Subject

Parole Certificates
GARRIDO, Phillip Craig
Reg. No. 36377-136

Date

January 14, 1988

To United States Penitentiary
Lompoc, California

From

(B(6))/(B(7)(c))

U.S. Parole Commission - WRO

Enclosed are parole certificates for the above named subject.

If detainer is withdrawn and subject is to be paroled to the community, release is contingent upon subject's receiving approval of parole plan from the appropriate Probation Officer.

Enclosure: Parole Certificate

(B(6))/(B(7)(c))

UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA
PROBATION OFFICE

(B(6))/(B(7)(c))

August 30, 1988

AUG 31 10 15 AM '88

CHIEF PROBATION OFFICE

U.S. COURT HOUSE
450 GOLDEN GATE AVENUE
BOX NUMBER 36057
SAN FRANCISCO 94102
415-556-0200
FTS: 556-0200

SAN FRANCISCO REGION

POST OFFICE BUILDING
201 13TH STREET
P.O. BOX 719
OAKLAND 94604
415-273-7101
FTS 536-7101

PLEASE REPLY TO: OAKLAND

(B(6))/(B(7)(c))

U.S. Parole Commission
1301 Shoreway Rd.
4th Floor
Belmont, CA 94002

RE: PHILLIP C. GARRIDO
Reg. 36377-136

Dear (B(6))/(B(7)(c))

This correspondence is pursuant to our telephone conversation of August 29, 1988, regarding placement of Mr. Garrido at ECI halfway house in Oakland, CA. Please be advised that Mr. Garrido voluntarily signed the F-1 and reported to ECI on the above date, August 29, 1988.

Please find attached a copy of the signed F-1. If there are any questions please feel free to contact the undersigned officer at FTS 536-7101.

Very truly yours,

(B(6))/(B(7)(c))

U.S. Probation Officer

(B(6))/(B(7)(c))

APPROVED BY:

(B(6))/(B(7)(c))

Supervising U.S. Probation Officer

UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA

PROBATION OFFICE

June 1, 1989

1330 BROADWAY, SUITE 400
OAKLAND, CA 94612-2504
415-273-7101
FTS: 536-7101

U.S. COURT HOUSE
450 GOLDEN GATE AVENUE
BOX NUMBER 36057
SAN FRANCISCO 94102

415-556-0200
FTS: 556-0200

REFER TO:

OAKLAND

U.S. PAROLE
COMMISSION
SAN FRANCISCO REGION

JUN 5 11 28 AM '89

(B(6))/(B(7)(c))

[REDACTED] Acting Deputy Chief
U. S. Probation Officer
350 South Center Street
Suite #401
Reno, Nevada 89501

RE: GARRIDO, PHILLIP CRAIG
Reg. No. 036377-136

(B(6))/(B(7)(c))

Dear Mr. [REDACTED]

(B(6))/(B(7)(c)) brought this matter to my attention and, after reviewing the file, it was my belief that the District of Nevada should have activated the case and then transferred it to our District. Since Mr. Garrido was actually parolled to a State Detainer (Nevada State Prison) on January 20, 1988, the case should have been activated on that date, by your District, and then, because of his custody status, put into Inactive Status. Upon his release from State Prison, you could then ask for transfer of supervision, which we would and have accepted.

As you know the Notice of Release and Arrival and the Parole Certificates have Mr. Garrido's release to the District of Nevada. I talked to (B(6))/(B(7)(c)) in the Probation Division, and she agreed that the District of Nevada should have activated the case and then transferred it. She also checked with her Supervisor, who agreed.

I don't intend to make mountains out of this, but, because the Parole Certificates had his release to the "District of Nevada," I did not think we could set it up. Thus, I checked with the Probation Division. I also doubt that the case could be set up, effective December 16, 1988, when, in fact, he was paroled on January 20, 1988. Mr. Garrido was in the half-way house as a "Public Law" Placement.

FILE

(B(6))/(B(7)(c))

June 1, 1989
Page Two

Re: Phillip Craig Garrido
Reg. No. 036377-136

We are returning everything to you and I hope you agree with us. I would like to know your thoughts. In any event, would you please activate and transfer the case to our District?

Be assured of our continued cooperation, and I remain,

Sincerely,

(B(6))/(B(7)(c))

Supervising U. S. Probation Officer

(B(6))/(B(7)(c))

Enclosure

cc: Regional Commissioner, U. S. Parole Commission, 1301 Shoreway Road, Belmont, CA 94002 (Attn: Post-Release Analyst) ←

(B(6))/(B(7)(c))

Statistical Clerk, ND/CA, San Francisco, CA 94102

U.S. Department of Justice
United States Parole Commission

Supervision Report

Name Garrido, Phillip

Reg. No. 36377-136

Date of Last Release on Parole/Re-Parole December 16, 1988

JAN 24 12 00 PM '91

Type of Commitment ☒ Adult ☐ YCA ☐ Juvenile ☐ NARA ☐ Other

U.S. PAROLE
COMMISSION
SAN FRANCISCO REGION

Original Offense Kidnapping

Sentence Expiration Date April 10, 2027

Special Parole Term to Follow? No ☒ Yes ☐

On Special Parole Term Since: N/A

Period Covered By This Report: From: December 16, 1988 To December 1990

Total Months in Community Since Date of Last Release* 24 Months in Community Since Last Difficulty** 24

☐ Fine \$

☐ *Restitution \$

☐ 18 U.S.C. 3579

☐ 18 U.S.C. 3651

☐ Support/or other (specify)

*(If restitution was ordered under what Title)

☐ Judgment & Commitment Order Payment & Terms Specified:

☐ Other Agreement (Specify with whom):

Total Paid to Date: This Report Period:

Payment Schedule Met: Yes No

(If no, has AUSA been notified of current employment and income? Explain in evaluation.)

Early Termination Guidelines Specify (Check One):

☐ SFS Category (Very Good): = 24 months

Continuous Time
Difficulty Free
In Community

☒ SFS Category (Other): = 36 months

Recommendation:

☒ Continue Supervision

☐ Terminate

☐ Set Aside Conviction-YCA only

Evaluation and Reasons (Please provide your case evaluation including specific reasons for any recommendation outside termination guidelines)

(B(6))/(B(7)(c))

*Do not count any time in confinement. In special parole cases, count all time since release from prison.

**For purposes of this report "difficulty" is defined as (1) any indication of new criminal behavior (including arrests when the underlying circumstances show substantial evidence of law violation even though there is no conviction or parole revocation), or (2) a violation of parole conditions significant enough to have been reported to the Commission on a Special Violation Report.

District of California / Northern


Date January 16, 1991

Mailing Address 1330 Broadway, Suite 400, Oakland, California 94612


U.S. Probation Officer

Name Typed or Printed

Signature

Arrests Since Date of Last Release: (Give date of arrest, offense, and date arrest was reported to the Commission by letter. Give dispositions where possible.) 

(B(6))/(B(7))(c)

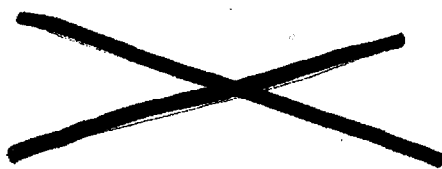
Present Level of Supervision: 

(Explain any significant deviation from supervision guideline standards).



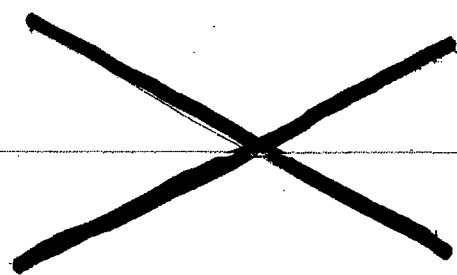
(B(6))/(B(7))(c)

Response to Supervision During This Reporting Period: (briefly note response to supervision covering living situation, nature and stability of current employment, drug or alcohol program attendance or problems, or other factors of strong or weak adjustment. Note any problem areas.)




(B(6))/(B(7))(c)

Parole Commission Comments:



(B(6))/(B(7))(c)

(B(6))/(B(7))(c)

 No Change [_____ schedule for five year termination hearing].

_____ Terminate Supervision [_____ Set Aside Conviction-YCA only]

2-20-91
Date

 (b)(2)
Regional Commissioner

Instructions:

(1) This report shall be completed after one year of active supervision and annually thereafter for every parolee and mandatory releasee and mailed to the Parole Commission. No report is required, however, within three months of the end of the supervision period. Retain one copy for the Probation Office file.

(2) A terminal report shall be submitted to the Parole Commission for YCA cases—six months prior to expiration of sentence if YCA sentence is 6 years or more; or five weeks prior to expiration of sentence if YCA sentence is one year or less—to determine if early unconditional discharge should be granted to set aside the conviction.

(3) In court-martial cases under jurisdiction of the Parole Commission a copy should be mailed to the Office of the Commandant, U.S. Disciplinary Barracks, Fort Leavenworth, Kansas.

Memorandum



Subject

Larido, Phillip

Date

2-12-91

Reg. No. 36377-136

To

(B)(6)/(B)(7)(c)

U. S. Probation Officer

1330 Broadway

Ste. 400

Oakland, CA 94612

From

(B)(6)/(B)(7)(c)

Case Analyst Trainee

U. S. Parole Commission

1301 Shoreway Rd., 4th Floor

Belmont, CA 94002

Part I: We have received your following:

<input type="checkbox"/> Letter	<input checked="" type="checkbox"/> Supervision Report	<input type="checkbox"/> Condition
<input type="checkbox"/> Travel Request	<input type="checkbox"/> Preliminary Interview	<input type="checkbox"/> Modification
<input type="checkbox"/> Informant Request	<input type="checkbox"/> Violation Report	<input type="checkbox"/> Other
<input type="checkbox"/> Drug Usage Report		

Part II: We have taken the indicated action:

☐ Noted and filed. No further action or response.
☐ Will take no action per your recommendation.
☒ Will take action per your recommendation.
☐ Will take action other than your recommendation.

<input type="checkbox"/> Issue Warrant	<input type="checkbox"/> Issue Summons
<input type="checkbox"/> Letter of Reprimand	<input type="checkbox"/> Modify Conditions (NOA)
<input type="checkbox"/> Other	

Part III: To complete our processing of your report, we need the following material:

<input type="checkbox"/> F-1	<input type="checkbox"/> F-6	<input type="checkbox"/> Arrest Reports	<input type="checkbox"/> Drug Lab Slips
<input type="checkbox"/> F-2	<input type="checkbox"/> CJA-22	<input type="checkbox"/> Prelim. Interview	<input type="checkbox"/> File Material
<input type="checkbox"/> F-3	<input type="checkbox"/> J & C	<input type="checkbox"/> Release Cert	<input type="checkbox"/> Other

Continue Supervision

Part IV: USPC Agency Use

1) Tickle Date _____
2) Tickle Date _____
3) Tickle Date _____

Section _____
Requester _____



Memorandum

Subject: WARRANT APPLICATION AND WARRANT

Date Warrant Issued:

Case of: GARRIDO, Phillip Craig
Reg. No. 36377-136

March 18, 1993

To: United States Marshal
P.O. Box 36056
San Francisco, CA 94102

From: [REDACTED] (B)(6)/(B)(7)(c)
/Case Analyst

Enclosed are copies of Warrant Application and Warrant in duplicate, issued by the United States Parole Commission for the above-named parolee. Notify the South Central Regional Office of all developments concerning the disposition of this warrant.

- XX 1. Please assume custody as soon as possible or when located. NOTE: if the parolee is already in the custody of federal or state authorities, do not execute this warrant. Place a detainer and notify the Commission for further instructions. Also, if a criminal arrest warrant has been issued for this parolee, execution of such criminal warrant shall take precedence and the Parole Commission is to be notified before its warrant may be executed.
- ___ 2. The parolee is awaiting trial or sentencing on new charges: place a detainer and assume custody when released.
- ___ 3. If the prisoner is sentenced to a new State term of imprisonment, place the warrant as a detainer and indicate the institution designated for service of sentence.
- ___ 4. If the prisoner is sentenced to a new Federal term of imprisonment, return the warrant unexecuted to the issuing region and indicate which institution has been designated.
- ___ 5. See attached special instructions.

PROBATION OFFICER: Please keep the Commission advised of all further developments in this case.

Copy to [REDACTED] (B)(6)/(B)(7)(c)
1330 Broadway, Suite 400
Oakland, CA 94612-2504

PROCEDURE: After execution of the warrant give one copy of Warrant Application to the prisoner; furnish one copy to the U.S. Probation Officer as soon as practical after taking custody; and advise the Regional Office of the Parole Commission which issued the Warrant that subject is in custody. Give the place of confinement, and the date Warrant was executed. When prisoner is returned to the designated institution, leave Warrant Application and one Warrant with Warden. Make your return on the other Warrant to the Regional Commissioner of the region where it was issued.

NOTE: If there has been a conviction of an offense committed while under supervision, no preliminary interview by a Probation Officer will be conducted unless the Commission orders otherwise.

(B)(6)/(B)(7)(c)

PAROLE FORM H-24
NOV.80

Dallas

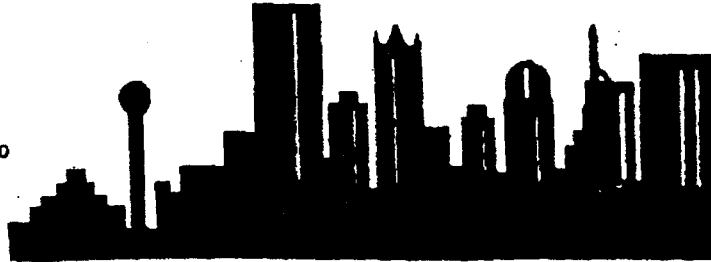
U.S. Department of Justice
United States Parole Commission



F A X 214 / 767-6259
F T S 729-6259

525 Griffin Street, Suite 820
Dallas, Texas 75202-5097

TELEPHONE 214 / 767-0024
F T S 729-0024



TO: (B(6))/(B(7)(c))
SUSPO OAKLAND
SUBJECT: REQUEST FOR PI
DATE: 04-06-93
FROM: (B(6))/(B(7)(c))
DEPT: U.S. Parole Commission
OFFICE : Dallas, TX

SUBJECT: GARRIDO, PHILLIP REG. NO. 36377-136

ARRESTED: 04-01-93 LOCATION: FDC - PLE

USPO REQUESTING WARRANT: (B(6))/(B(7)(c))

A PRELIMINARY INTERVIEW is needed AS SOON AS POSSIBLE. Please advise this office in the event there is need to grant postponement. Attached is the Warrant Application. Your cooperation is appreciated.

T-15 DA
FOR PI
80
4-6-93

RELEASE FORTHWITH. WITHDRAW WARRANT DATED MARCH 18, 1993.
REINSTATE TO SUPERVISION WITH THE DRUG AFTERCARE CONDITION
AND ELECTRONIC MONITORING FOR 120 DAYS

THIS IS YOUR AUTHORITY TO RELEASE GARRIDO FROM CUSTODY OF OUR WARRANT.

GARRIDO IS CURRENTLY IN CUSTODY AT YOUR FACILITY
(B(6))/(B(7)(c))

HAVE GARRIDO REPORT TO [REDACTED], OAKLAND, CA ON 04/30/93

PLEASE CONTACT [REDACTED] (B(6))/(B(7)(c)) TO CONFIRM RECEIPT OF THIS TWX AT
[REDACTED]

(B(6))/(B(7)(c))
NOTICE OF ACTION WILL FOLLOW BY MAIL.

THANK YOU FOR YOUR ASSISTANCE.

[REDACTED] (B(6))/(B(7)(c))

NNNN
0006 16:40:28 04/29/93

Reed
FDR
Rahlin



U.S. Department of Justice
United States Parole Commission

525 Griffin Street, Suite 820
Dallas, Texas 75202

April 30, 1993

Warden
FDC Dublin

Re: GARRIDO, Phillip
Reg. No. 36377-136

Dear Sir:

Please withdraw the warrant issued on March 18, 1993 on the above-named subject, and return all materials to our office.

Effective 04-29-93, (B)(6)/(B)(7)(c) issued an order on the above named subject which reads:

Release forthwith. Withdraw warrant dated March 18, 1993. Reinstate to supervision (B)(6)/(B)(7)(c) electronic monitoring for 120 days.

A copy of our Notice of Action is attached for your files.

Your cooperation is appreciated.

Sincerely,

(B)(6)/(B)(7)(c)

Case Analyst

(B)(6)/(B)(7)(c)

cc: (B)(6)/(B)(7)(c)
Oakland, CA
File/Chrono

(B)(6)/(B)(7)(c)

U.S. Department of Justice
United States Parole Commission

Supervision Report

Name Phillip Garrido Reg. No. 36377-136

Date of Last Release on Parole/Re-Parole 1-20-88

Type of Commitment ☒ Adult ☐ YCA ☐ Juvenile ☐ NARA ☐ Other

Original Offense Kidnapping

Sentence Expiration Date 03-10-2027 Special Parole Term to Follow? No ☒ Yes ☐

On Special Parole Term Since: _____

Period Covered By This Report: From: 12-90 To 4-94

Total Months in Community Since Date of Last Release* 6 Months in Community Since Last Difficulty** 6

Fine \$ _____ *Restitution \$ _____ 18 U.S.C. 3579
_____ 18 U.S.C. 3651

Support/or other (specify) _____ *(If restitution was ordered under what Title)

Judgment & Commitment Order Payment & Terms Specified: _____

Total Paid to Date: _____ This Report Period: _____

Payment Schedule Met: Yes ☐ No ☐

(If no, has AUSA been notified of current employment and income? Explain in evaluation.)

Early Termination Guidelines Specify (Check One):

☐ SFS Category (Very Good): = 24 months Continuous Time
Difficulty Free
☒ SFS Category (Other): = 36 months In Community

Recommendation:

☒ Continue Supervision
☐ Terminate
☐ Set Aside Conviction-YCA only
(6)/(B(7)(c))

JUN 16 1994
APPROVED

Evaluation and Reasons (Please provide your case evaluation, including specific reasons for any recommendation outside termination guidelines.):

(B(6))/(B(7)(c))

* Do not count any time in confinement. In special parole cases, count all time since release from prison.

**For purposes of this report "difficulty" is defined as (1) any indication of new criminal behavior (including arrests when the underlying circumstances show substantial evidence of law violation even though there is no conviction or parole revocation), or (2) a violation of parole conditions significant enough to have been reported to the Commission on a Special Violation report.

District Northern District of California

Date April 29, 1994

Mailing Address 1330 Broadway, Suite 400, Oakland, CA 94612-2504

(B(6))/(B(7)(c))

U.S. Probation Officer

Name Typed or Printed

Signature

PAROLE FORM F-3

Reviewed and Approved By:

Supervising U. S. Probation Officer


(B(6))/(B(7)(c))


NOV. 85

Arrests Since Date of Last Release: (Give date of arrest, offense, and date arrest was reported to the Commission by letter. Give dispositions where possible.)


Parole Violation on March 18, 1993.

(B(6))/(B(7))(c)

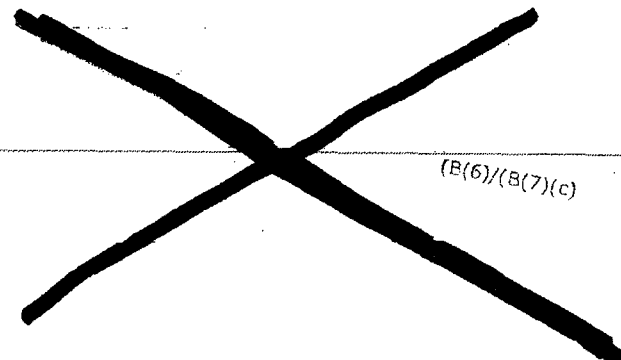
Present Level of Supervision: 
(Explain any significant deviation from supervision guideline standards).

 (B(6))/(B(7))(c)

Response to Supervision During This Reporting Period: (Briefly note response to supervision covering living situation, nature and stability of current employment, drug or alcohol program attendance or problems, or other factors of strong or weak adjustment. Note any problem areas.)



 (B(6))/(B(7))(c)

Parole Commission Comments:

 (B(6))/(B(7))(c)

(B(6))/(B(7))(c)


(B(6))/(B(7))(c)

 No Change  schedule for five year termination hearing].

(B(6))/(B(7))(c)

____ Terminate Supervision [____ Set Aside conviction-YCA only].

6-16-94
Date


(b)(2)
Regional Commissioner

Instructions:

- (1) This report shall be completed after one year of active supervision and annually thereafter for every parolee and mandatory releasee and mailed to the Parole Commission. No report is required, however, within three months of the end of the supervision period. Retain one copy for the Probation Office file.
- (2) A terminal report shall be submitted to the Parole Commission for YCA cases six months prior to expiration of sentence if YCA sentence is 8 years or more; or five weeks prior to expiration of sentence if YCA sentence is one year or less to determine if early unconditional discharge should be granted to set aside the conviction.
- (3) In court-martial cases under jurisdiction of the Parole Commission a copy should be mailed to the Office of the Commandant, U.S. Disciplinary Barracks, Fort Leavenworth, Kansas

WXRO3
PAGE 001

PUBLIC INFORMATION
INMATE DATA
AS OF 09-03-2009

09-03-2009
06:26:05

REGNO... 36377-136 NAME: GARRIDO, PHILLIP CRAIG

RESP OF: CSF / PUBLIC LAW REL-PAROLEE
PHONE...: N/A

FAX: N/A
RACE/SEX...: WHITE / MALE
AGE: 58

ACTUAL RELEASE METH.: PL PAR
ACTUAL RELEASE DATE.: 08-31-1993

----- ADMIT/RELEASE HISTORY -----

FCL	ASSIGNMENT	DESCRIPTION	START DATE/TIME	STOP DATE/TIME
CSF	PL PAR	PUBLIC LAW REL-PAROLEE	08-31-1993 0800	CURRENT
CSF	A-AC SUPV	HOME CONFINEMENT-SUPERVISION	05-10-1993 1600	08-31-1993 0800
4-I	RELEASE	RELEASED FROM IN-TRANSIT FACIL	05-10-1993 1900	05-10-1993 1900
4-I	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACIL	04-29-1993 1956	05-10-1993 1900
PLE	HLD REMOVE	HOLDOVER REMOVED	04-29-1993 1656	04-29-1993 1656
PLE	A-HLD	HOLDOVER, TEMPORARILY HOUSED	04-02-1993 1829	04-29-1993 1656
CSF	EXPIRATION	EXPIRATION OF SENTENCE	12-16-1988 0600	04-02-1993 1829
CSF	A-DES	DESIGNATED, AT ASSIGNED FACIL	08-29-1988 1050	12-16-1988 0600
LOM	PAROLE	PAROLE FROM PAR COM OR CT	01-20-1988 1330	08-29-1988 1050
LOM	A-DES	DESIGNATED, AT ASSIGNED FACIL	03-19-1986 1307	01-20-1988 1330
AO1	RELEASE	RELEASED FROM IN-TRANSIT FACIL	03-19-1986 1607	03-19-1986 1607
AO1	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACIL	03-19-1986 0924	03-19-1986 1607
ERE	HLD REMOVE	HOLDOVER REMOVED	03-19-1986 0824	03-19-1986 0824
ERE	A-HLD	HOLDOVER, TEMPORARILY HOUSED	03-17-1986 1500	03-19-1986 0824
SO1	RELEASE	RELEASED FROM IN-TRANSIT FACIL	03-17-1986 1600	03-17-1986 1600
SO1	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACIL	03-17-1986 0815	03-17-1986 1600
LVN	TRANSFER	TRANSFER	03-17-1986 0715	03-17-1986 0715
LVN	A-DES	DESIGNATED, AT ASSIGNED FACIL	12-11-1980 1305	03-17-1986 0715

G0002

MORE PAGES TO FOLLOW . . .

WXR03
PAGE 002

PUBLIC INFORMATION
INMATE DATA
AS OF 08-31-1993

09-03-2009
06:26:05

REGNO.: 36377-136 NAME: GARRIDO, PHILLIP CRAIG

RESP OF: CSF / PUBLIC LAW REL-PAROLEE
PHONE.: N/A FAX: N/A

THE FOLLOWING SENTENCE DATA IS FOR THE INMATE'S PRIOR COMMITMENT.
THE INMATE WAS SCHEDULED FOR RELEASE: 08-31-1993 VIA PL PAR

-----PRIOR JUDGMENT/WARRANT NO: 020 -----

COURT OF JURISDICTION.....: NEVADA
DOCKET NUMBER.....: R-76-88-BRT
JUDGE.....: THOMPSON B R
DATE SENTENCED/PROBATION IMPOSED: 03-11-1977
DATE WARRANT ISSUED.....: N/A
DATE WARRANT EXECUTED.....: N/A
DATE COMMITTED.....: 05-10-1993
HOW COMMITTED.....: PUBLIC LAW-PAROLEE
PROBATION IMPOSED.....: NO
SPECIAL PAROLE TERM.....:

RESTITUTION...: PROPERTY: NO SERVICES: NO AMOUNT: \$00.00

-----PRIOR OBLIGATION NO: 010 -----

OFFENSE CODE....: 211
OFF/CHG: KIDNAPPING, 18 USC 1201

SENTENCE PROCEDURE.....: 4209 PAROLEE IN PRGM WITH DRUG AFT CARE
SENTENCE IMPOSED/TIME TO SERVE..: 120 DAYS
DATE OF OFFENSE.....: N/A

G0002

MORE PAGES TO FOLLOW . . .

WXR03
PAGE 003

PUBLIC INFORMATION
INMATE DATA
AS OF 08-31-1993.

09-03-2009
06:26:05

REGNO.: 36377-136 NAME: GARRIDO, PHILLIP CRAIG

RESP OF: CSF / PUBLIC LAW REL-PAROLEE
PHONE: N/A FAX: N/A

PRIOR COMPUTATION NO: 020

COMPUTATION 020 WAS LAST UPDATED ON 05-11-1993 AT CSF AUTOMATICALLY

THE FOLLOWING JUDGMENTS, WARRANTS AND OBLIGATIONS ARE INCURRED IN
PRIOR COMPUTATION 020: 020 010

DATE COMPUTATION BEGAN..... 05-10-1993
TOTAL TERM IN EFFECT..... 120 DAYS
TOTAL TERM IN EFFECT CONVERTED... 3 MONTHS 28 DAYS

TOTAL JAIL CREDIT TIME..... 0
TOTAL INOPERATIVE TIME..... 0
STATUTORY GOOD TIME RATE..... N/A
TOTAL SCT POSSIBLE..... 0
PAROLE ELIGIBILITY..... N/A
STATUTORY RELEASE DATE..... N/A
TWO THIRDS DATE..... N/A
180 DAY DATE..... N/A
EXPIRATION FULL TERM DATE..... 09-06-1993

NEXT PAROLE HEARING DATE..... UNKNOWN
TYPE OF HEARING..... UNKNOWN

ACTUAL SATISFACTION DATE..... 08-31-1993
ACTUAL SATISFACTION METHOD..... PL PAR
ACTUAL SATISFACTION FACILITY..... CSF
ACTUAL SATISFACTION KEYED BY..... KSD

DAYS REMAINING..... 6
FINAL PUBLIC LAW DAYS..... 0

G0002

MORE PAGES TO FOLLOW

WXR03
PAGE 004

PUBLIC INFORMATION
INMATE DATA
AS OF 01-20-1988

09-03-2009
06:26:05

REGNO.: 36377-436 NAME: GARRIDO, PHILLIP CRAIG

BESP OF: CSF / PUBLIC LAW REL-PAROLEE

THE FOLLOWING SENTENCE DATA IS FOR THE INMATE'S PRIOR COMMITMENT.
THE INMATE WAS SCHEDULED FOR RELEASE: 01-20-1988 VIA PAROLE

-----PRIOR JUDGMENT/WARRANT NO: 010 -----

COURT OF JURISDICTION.....: NEVADA
DOCKET NUMBER.....: R-76-88-BRT
JUDGE.....: THOMPSON B R
DATE SENTENCED/PROBATION IMPOSED: 03-11-1977
DATE WARRANT ISSUED.....: N/A
DATE WARRANT EXECUTED.....: N/A
DATE COMMITTED.....: 05-03-1977
HOW COMMITTED.....: US DISTRICT COURT COMMITMENT
PROBATION IMPOSED.....: NO
SPECIAL PAROLE TERM.....:

RESTITUTION...: PROPERTY: SERVICES: AMOUNT: \$00.00

-----PRIOR OBLIGATION NO: 010 -----

OFFENSE CODE.....: 211
OFF/CHG: KIDNAPPING, 18 USC 1201

SENTENCE PROCEDURE.....: 4205(A) REG ADULT-ORIG TERM GRTR THAN 1YR
SENTENCE IMPOSED/TIME TO SERVE.: 50 YEARS

G0002

MORE PAGES TO FOLLOW . . .

WXR03
PAGE 005 OF 005 *

PUBLIC INFORMATION
INMATE DATA
AS OF 01-20-1988

* 09-03-2009
* 06:26:05

REGNO...: 36377-136 NAME: GARRIDO, PHILLIP CRAIG

RESP OF: CSF / PUBLIC LAW REL-PAROLEE
PHONE...: N/A FAX: N/A

-----PRIOR COMPUTATION NO: 010-----

COMPUTATION 010 WAS LAST UPDATED ON 01-11-1988 AT LOM AUTOMATICALLY

THE FOLLOWING JUDGMENTS, WARRANTS AND OBLIGATIONS ARE INCLUDED IN
PRIOR COMPUTATION 010: 010 010

DATE COMPUTATION BEGAN.....: 04-11-1977
TOTAL TERM IN EFFECT.....: 50 YEARS
TOTAL TERM IN EFFECT CONVERTED...: 50 YEARS

TOTAL JAIL CREDIT TIME.....: 0
TOTAL INOPERATIVE TIME.....: 0
STATUTORY GOOD TIME RATE.....: 10
TOTAL SGT POSSIBLE.....: 6000
PAROLE ELIGIBILITY.....: 04-10-1987
STATUTORY RELEASE DATE.....: 11-05-2010
TWO THIRDS DATE.....: 04-10-2007
180 DAY DATE.....: 10-12-2026
EXPIRATION FULL TERM DATE.....: 04-10-2027

PRESUMPTIVE PAROLE DATE.....: 01-20-1988
PAROLE EFFECTIVE.....: 01-20-1988
PAROLE EFF VERIFICATION DATE.....: 11-20-1987
NEXT PAROLE HEARING DATE.....: 11-01-1987
TYPE OF HEARING.....: INITIAL

ACTUAL SATISFACTION DATE.....: 01-20-1988
ACTUAL SATISFACTION METHOD.....: PAROLE
ACTUAL SATISFACTION FACILITY.....: LOM
ACTUAL SATISFACTION KEYED BY.....: GGE

DAYS REMAINING.....: 14325
FINAL PUBLIC LAW DAYS.....: 0

50039 ALL CURRENT COMPS ARE SATISFIED

RECEIVED

APR 8 1965
COMMUNICATIONS SECTION
U.S. AIR FORCE
JOINT HEADQUARTERS
WASHINGTON, D.C.

100-100000

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
PROBATION OFFICE

CHIEF PROBATION OFFICE

U.S. COURT HOUSE
450 GOLDEN GATE AVENUE
BOX NUMBER 36037
SAN FRANCISCO 94102
415-386-0200
FTS: 586-0200

September 7, 1988

POST OFFICE BUILDING
201 13TH STREET
P.O. BOX 719
OAKLAND 94604
415-273-7101
FTS 536-7101

PLEASE REPLY TO:

OAKLAND

RECEIVED AND NOTED
SEP 09 1988
U.S. PROBATION OFFICE
RENO, NEVADA

U.S. Probation Officer
350 S. Center Street
Reno, NV 89501

RE: GARRIDO, Phillip Craig
REG. NO. 36377-136
PRE TRANSFER REQUEST

Dear [REDACTED]

On this date we received your request for assistance in the above-captioned case. The matter has been assigned to [REDACTED] U.S. Probationer, Oakland, FTS Telephone Number 536-7712, for investigation.

Our reply should be mailed to you no later than September 14, 1988. You will be contacted if, for any reason, we are unable to respond by the indicated date.

Sincerely,

[REDACTED]
Supervising U.S. Probation Officer

UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA

PROBATION OFFICE

September 13, 1988

(b)(6)/(b)(7)(C)
[REDACTED]
CHIEF PROBATION OFFICER

U.S. COURT HOUSE
450 GOLDEN GATE AVENUE
BOX NUMBER 36057
SAN FRANCISCO 94102
415-556-0200
FTS: 556-0200

POST OFFICE BUILDING
201 13TH STREET
P.O. BOX 719
OAKLAND 94604
415-273-7101
FTS 536-7101

PLEASE REPLY TO:

OAKLAND

RECEIVED AND NOTED

SEP 16 1988

U.S. PROBATION OFFICE
RENO, NEVADA

(b)(6)/(b)(7)(C)
[REDACTED]
U. S. Probation Officer
350 South Center Street
Reno, NV 89501

RE: GARRIDO, Phillip Craig
Reg. No. 36377-136
Pre-Transfer Investigation

Dear [REDACTED] (b)(6)/(b)(7)(C)

Phillip Craig Garrido, on August 29, 1988, entered a community treatment center in Oakland, California. Shortly thereafter, a Notice of Action from the U. S. Parole Commission was received that imposed a special condition requiring Garrido to reside in a CTC until discharged, but no later than 120 days from admission.

(b)(6)/(b)(7)(C)
Garrido's mother and wife resides in [REDACTED] and he has secured employment in the same town. In view of the fact that he has permanent ties in this district, and is planning on remaining, a transfer is appropriate and acceptable.

Please forward any and all necessary documents to effect the transfer at your earliest convenience.

Sincerely yours,

(b)(6)/(b)(7)(C)
[REDACTED]
[REDACTED]
U. S. Probation Officer

UNITED STATES DISTRICT COURT

DISTRICT OF NEVADA

PROBATION OFFICE

CHIEF PROBATION OFFICER

SUITE 500, PHOENIX BUILDING
330 SOUTH THIRD STREET
LAS VEGAS, NEVADA 89101-6032
702-388-6428
FTS 598-6428

350 SO. CENTER ST.
SUITE 401
RENO, NEVADA 89501
702-784-5208

January 4, 1989

REPLY TO Reno Office

Chief U.S. Probation Officer
Post Office Box 719
Oakland, California 94604

Attention: U.S. Probation Officer

RECEIVED

JAN 11 1989

U.S. PROBATION OFFICE
NORTHERN DIST. CALIF.
OAKLAND

RE: GARRIDO, Phillip Craig
Reg. No. 36377-136

FILE TRANSFER

Dear [REDACTED]

Pursuant to our telephone conversation of December 28, 1988, enclosed you will find all pertinent file information regarding the above-named individual.

Be advised that the District of Nevada treats probation and parole supervision documents as Freedom of Information Exempt. These documents are not to be released to another agency or party without the express written permission of the Nevada Courts, as per Nevada Special Order No. 31 - Amended April 1, 1988.

Inasmuch as Mr. Garrido is a parolee, his supervision can be initiated in your district so no statistical material is enclosed.

If we can be of any further assistance to you in this case, please do not hesitate to contact the undersigned at FTS: 470-5206.

Sincerely,

[REDACTED] Chief
U.S. Probation Officer

[REDACTED] Acting Deputy Chief
U.S. Probation Officer

Enclosure

NOT
State of
NV

February 27, 1989

FILE COPY

1330 Broadway, Suite 400
OAKLAND, CA 94612

(B)(6)/(B)(7)(C)

Acting Deputy Chief USPO
350 South Center Street
Reno, NV 89501

RE: GARRIDO, Phillip Craig
Reg. #36377-136

(B)(6)/(B)(7)(C)

Dear [REDACTED]:

As conveyed to you by telephone, the above named subject was released to the District of Nevada. He, however, ended up in the Northern District of California without going through the statistical process in your District as the District of release.

It is, therefore, necessary that your office open the case and then transfer it to this District statistically. To accomplish this, I am enclosing copies of the Presentence Report, Parole Certificates, Judgment and Commitment Order and Notice of Arrival.

Please advise if there is anything else needed to get this case properly opened and recorded. Should there be need to reach me, you may do so at FTS 536-7712.

Thank you for your assistance in this matter.

Sincerely yours, (B)(6)/(B)(7)(C)

[REDACTED]
U. S. Probation Office

(B)(6)/(B)(7)(C)

Attachments

TO: DIRECTOR, FBI
Washington, D. C. 20537
Attention: Identification Division

Date July 27, 1989

RE: Name GARRIDO, PHILLIP CRAIG

FBI # [REDACTED] (city, state)

Arrest # (OCA) X

Date of Arrest X

Date of Birth [REDACTED] (city, state)

Place of Birth Pittsburg, California

Arresting Agency (Contributor of Fingerprints) _____

A Form I-12 flash notice was previously submitted on the above-captioned subject indicating that U. S. Probation Officer, Reno, Nevada (city, state)

should be notified of any information received concerning this individual. Subject's supervision has now been transferred to the following new locale:

U. S. Probation Officer
CHIEF U. S. PROBATION OFFICER
450 Golden Gate Avenue
Box 36057 (street address)
San Francisco, CA 94102
(city, state, and zip code)

☐ CHECK ONLY IF IDENTIFICATION RECORD DESIRED

RETAIN PERMANENTLY IN
FBI # _____

FBI/DOJ

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
PROBATION OFFICE

CHIEF PROBATION OFFICER

U.S. COURT HOUSE
450 GOLDEN GATE AVENUE
SUITE #17-6884
POST OFFICE BOX 36057
SAN FRANCISCO, CA 94102-3487

TEL: 415-556-0200
FAX: 415-556-5351



PLEASE REPLY TO:

1301 CLAY STREET
SUITE 220S
OAKLAND, CA 94612-5208

TEL: 510-637-3600
FAX: 510-637-3625

March 3, 1995

Phillip Garrido

Dear Mr. Garrido:

The purpose of this letter is to inform you that effective March 13, 1995 supervision of your case will be reassigned to another probation officer.

This does not change your reporting requirements to the U. S. Probation Office. In the interim, you should continue submitting timely monthly reports, make monthly restitution or fine payments if required, and/or abide by special/standard conditions of supervision.

If you have not been notified by April 15, 1995 of your new probation officer, you should call (510) 637-3600 to determine the transfer status of your case. Any requests for travel should be directed to the duty officer.

Thanks for your cooperation during this time of transition.

Sincerely,

Sr. U. S. Probation Officer

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
PROBATION OFFICE

CHIEF PROBATION OFFICER

U.S. COURT HOUSE
450 GOLDEN GATE AVENUE
SUITE #17-6884
POST OFFICE BOX 36057
SAN FRANCISCO, CA 94102-3487

TEL: 415-436-7540
FAX: 415-436-7572



EXCELLENCE IN PROBATION SERVICES

PLEASE REPLY TO:

1301 CLAY STREET
SUITE 220S
OAKLAND, CA 94612-5206

TEL: 510-637-3600
FAX: 510-637-3625

May 17, 1999

FILE COPY

Mr. Phillip Craig Garrido

(B)(6)/(B)(7)(c)

Dear Mr. Garrido:

This letter is intended to confirm the **Early Termination** of your term of Parole effective March 9, 1999. You will be happy to know that you are no longer obligated to report to the U.S. Probation Office.

I want to thank you for your cooperation over this period of supervision and I hope that you will continue to do well.

If there is anything we can help you with in the future, do not hesitate to contact our office.

Best Regards,

(B)(6)/(B)(7)(c)

Sr. U.S. Probation Officer

(B)(6)/(B)(7)(c)

NDC:43

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
PROBATION OFFICE

(b)(6)(b)(7)(C)

CHIEF PROBATION OFFICER

U.S. COURT HOUSE
450 GOLDEN GATE AVENUE
SUITE #17-6884
POST OFFICE BOX 36057
SAN FRANCISCO, CA 94102-3487

TEL: 415-436-7540
FAX: 415-436-7572



EXCELLENCE IN PROBATION SERVICES

PLEASE REPLY TO:

1301 CLAY STREET
SUITE 220S
OAKLAND, CA 94612-5208

TEL: 510-637-3600
FAX: 510-637-3625

May 20, 1999

FILE COPY

PAROLE & PROBATION
INTERSTATE COMPACT SERVICES
1445 HOT SPRINGS ROAD, #104
CARSON CITY, NEVADA 89706
ATT: [REDACTED]

RE: GARRIDO, PHILLIP
OUR REG.# 36377-136
YOUR# L88/89-0163
DOB: [REDACTED]

Dear [REDACTED]

Pursuant to your letter dated May 10, 1999 please be advised that the United States Parole Commission has early terminated the above subject from parole supervision effective March 9, 1999. Pursuant to your request, the last progress report (supervision report 12/98) to the U.S. Parole Commission is enclosed. Also enclosed is the termination letter and Certificate of Early Termination from the U.S. Parole Commission. Since the subject has been discharged from federal parole our office is closing our interest in this case. If you have any questions please contact me at [REDACTED]

Sincerely,

[REDACTED]
[REDACTED]
U.S. Probation & Parole officer

(b)(6)(b)(7)(C)

ELECTRONIC MONITORING REFERRAL

TO: [REDACTED]
Bureau of Prisons

CLIENT NAME: Phillip Garrido

USPO: [REDACTED]

ADDRESS: [REDACTED]

JUDGE: U.S. Parole Comm.

HOME PHONE: [REDACTED]

U.S. MARSHAL'S NO.: 36377-136

WORK PHONE: NA

SENTENCING DATE: Parole viol.

EMPLOYER: NA

REQUESTED START DATE: ASAP

Employer Aware of EMP: N/A

Client Informed of Supervision Fee Requirement:

SUPERVISOR:

CONDITIONS:

Community Service: hours N/A

Approval to Work Overtime:

FINE: \$ N/A

OFFENSE: Kidnapping

RESTITUTION: \$ N/A

Length of Sentence: 50 yrs.

DRUG OR ALCOHOL TESTING: [REDACTED]

OTHER:

SPECIAL COMMENTS ABOUT THE CASE:

Follow up Activity (for EMP use)

DEFENDANT NAME:

Garcia, Phillip

FACTS#

711

CENTRAL FILES ROUTING CHECKLIST

Step I: FILE TYPE (to be completed by Officer)

Initials

- _____ C Straight **CUSTODY** case following initial sentencing on a conviction (not VIOLATIONS). For MEXICAN TREATY cases where preapproved prerelease plan is in body of PSR, branch office sends automatically to receiving district.
- _____ R **REVOCATION** of probation, TSR or parole with supervision to follow
- _____ W **WARRANT** includes court or parole warrants (does not include bench warrants for instant federal offense)
- _____ O **OTHER PRISON** where Defendant is not serving our sentence
- _____ T **TRANSFER** of active supervision (not JURISDICTION)
- _____ D **DIRECT RELEASE** (never supervised in our district, but we retain jurisdiction)
- _____ U **UNSUPERVISED** probation (court-ordered)
- _____ L **COLLATERAL** investigation done for a PSR (Go to Step II)
- _____ E Normal **EXPIRATION** of any type of case including **REVOCATION** with no supervision to follow (Go to Step II)
- _____ I **INVESTIGATION**: relocations, pre-releases, furloughs (if we don't have main file). Also includes PSIs where bench warrant has been issued (Go to Step II)

Step II: EXPIRATION DATE (for File Types L, E, I only)
(to be completed by Officer)

Date

- _____ L **COLLATERAL**: Use date completed
- 3-9-99 _____ E **EXPIRATION**: Use date case expired or revoked
- _____ I **INVESTIGATION**: (pre-releases & furloughs but not relocations or PSIs with bench warrant): Use date completed

Step III: FILE CHECKLIST (to be completed by Secretary)

Initials

- _____ Final filing completed
- _____ File Purged
- _____ Meets District File Standards
- _____ Joined to Main File With Same Docket Number

Sent by:

Date:

6/30/99

Clerical Manager Audit Date:

By:

NAME

Gerrido P

PACTS

?

Remove to Warrant Status

Supervision PO →

- ☐ Fill out P4
- ☐ P4 to stats
- ☐ Central Files checklist (not Oakland venue)
- ☐ File to SUSPO

SUSPO →

- ☐ Review file & wait for P4
- ☐ Write date warrant issued on file
- ☐ File to PSA

PSA

- ☐ Organize file
- ☐ Central File cklist (not Oakland venue)
- ☐ Enter destination in PACTS Client
- ☐ Index/remarks
- ☐ File to Central Files (not Oakland venue)
- ☐ File-Oakland filerom(Oakland venue)

Initial/Date:

Initial/Date:

Initial/Date:

Treaty Cases (CUSTODY)

Investigating PO →

If releasing to Another District:

- ☐ File to PSA

If releasing to ND/CA:

- ☐ Wait for NOA Sentencing
- ☐ Central Files checklist
- ☐ File to PSA

PSA

- ☐ Purge & Organize file
- ☐ If releasing to Another District:
- ☐ Enter destination in PACTS Client
- ☐ Index/remarks
- ☐ Mail cover letter & file to Other District
- ☐ If releasing to ND/CA:
- ☐ Central Files checklist
- ☐ Enter destination in PACTS Client
- ☐ Index/remarks
- ☐ File to Central Files

Initial/Date:

Initial/Date:

Supervision Expirations

Supervision PO →

- ☐ Fill out P4
- ☐ P4 to stats
- ☐ Central Files checklist
- ☐ File to SUSPO

SUSPO →

- ☐ Review file & wait for P4
- ☐ Write type of expiration on file
- ☐ File to PSA

PSA

- ☐ Purge & organize file
- ☐ Central File cklist
- ☐ Enter destination in PACTS Client
- ☐ Index/remarks
- ☐ File to Central Files

Initial/Date:

Initial/Date:

Initial/Date:

Revocations

Supervision PO →

- ☐ Fill out P4 to stats
- ☐ Wait for NOA or J&C
- ☐ Central File checklist (not if under 30 days if supervision to follow)
- ☐ BOP Sent ☐ SentComm. Packets
- ☐ File to SUSPO

SUSPO →

- ☐ Review file & Wait for P4
- ☐ Write type of expiration on File
- ☐ File to PSA

PSA

- ☐ Purge & organize file
- ☐ Cancel Flash Notice
- ☐ Central File checklist (not if under 30 days if supervision to follow)
- ☐ Enter destination in PACTS Client
- ☐ Index/remarks
- ☐ File to Central Files(not if under 30 days if supervision to follow)

Initial/Date:

Initial/Date:

Initial/Date:

Custody Cases Directly From Court

Investigating PO →

- ☐ Fill out P1 & P2
- ☐ P forms to stats
- ☐ BOP ☐ Sent Comm. Packets
- ☐ Verify J&C & Initial
- ☐ Central File Cklist
- ☐ File to PSA (sentence over 30 days)

PSA

- ☐ Wait for P forms & organize file
- ☐ Central File checklist (If sentence over 30 days)
- ☐ Enter destination in PACTS Client
- ☐ Index/remarks
- ☐ Enter date in PACTS
- ☐ File to Central File (If sentence over 30 days)

Initial/Date:

Initial/Date:

NAME

Gerrido

CTS#

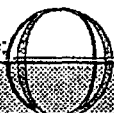
7

New Supervision Cases Directly From Court

(including Probation and any TSR case w/credit for time served)

Investigative PO →	Assign. SUSPO →	PSA
___ Fill out P1 - P3 (No P3 needed if defendant <u>living out of district</u>)	___ Assign PO on P1 ___ If OOD indicate on P1 ___ All P forms to stats (P1-P3) ___ File to PSA ___ If supervision other office ___ File to Carol	___ Prepare & send out flash ___ Organize file ___ File P forms when rec'd ___ Label photos/put in file ___ File to PO
___ Sentencing Commission ___ P forms & file to Assignment SUSPO		

Initial/Date:



Initial/Date:

Initial/Date:

Direct Release TSR and Parole Cases to be Activated

Duty PO →	Assign. SUSPO →	Supervision PO →	PSA
___ File to Assignment SUSPO	___ Assign PO on P1 ___ P1 to stats to input in Client Index ___ File to PO	___ Fill out P1 ___ Fill out P2 (if not in file) ___ Fill out P3 ___ P forms to Stats ___ File to PSA	___ Prepare & send out flash ___ Organize file ___ File P forms when rec'd ___ Label photos/put in file ___ File to PO



Initial/Date:

Initial/Date:

Initial/Date:

Initial/Date:

Active Transfer-In from Another District

Assign. SUSPO →	Stats →	PSA
___ Assign PO on P1 ___ P1 & file to stats Initial/Date: _____	___ Prepare & send out amended flash ___ P1 & file to PSA Initial/Date: _____	___ Combine and Organize working file(s) ___ File to PO Initial/Date: _____

Transfer Out for Active Cases

Supervision PO →	PSA	SUSPO →	Stats
___ Fill out P4 & send to stats ___ Central File checklist for dummy file(if our Jurisdiction) ___ File to PSA	___ Organize file ___ Prepare envelope & cover letter ___ Create dummy file & Central File Cklist (if our jurisdiction) ___ File to SUSPO	___ Review & send file to stats	___ Enter destination in PACTS Client Index/remarks ___ Send out file ___ Dummy file to Central Files (if our jurisdiction)



Initial/Date:

Initial/Date:

Initial/Date:

Initial/Date:

Intra-District Transfer Out

Supervision PO →	SUSPO →	PSA
___ File to SUSPO	___ Review file and send to PSA	___ Enter destination in PACTS Client Index/remarks ___ Log file and mail
Initial/Date: _____	Initial/Date: _____	Initial/Date: _____



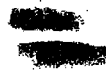
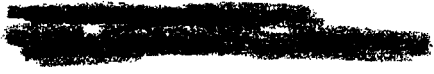

Intra-District Transfer In

Assign. SUSPO →	PSA
___ Assign PO on P4 & ensure address update ___ P4 to Stats ___ File to PSA	___ Ensure file organized ___ File to PO
Initial/Date: _____	Initial/Date: _____

UNITED STATES PROBATION NORTHERN DISTRICT OF CALIFORNIA CJIS RECORD REQUEST	
INQUIRY TYPE: CII <u>X</u> NCIC <u>X</u> WPS <u>X</u> DMV <u>X</u> CORPUS <u>X</u>	
REQUEST DATE: <u>7/23/98</u>	REQUESTOR: <u>[REDACTED]</u> <small>(Sup. 6.7m)</small>

TYPE OF INVESTIGATION	
TERMINATION CASE	<u> </u> SUPERVISION CASE

RESPONSE INFORMATION <small>(Sup. 6.7m)</small>	
COMPLETION DATE: <u>7/23/98</u>	<u> </u> CLETS OPERATOR: <u>[REDACTED]</u>
REASON UNABLE TO COMPLETE REQUEST:	
CII#	_____
FBI#	_____
PFN#	_____
DMV/CDL#	_____
COMMENTS: <u>Garrido, Philip</u>	

8		UNITED STATES DISTRICT COURT PROBATION OFFICE		DATE November 2, 1990	
APPOINTMENT NOTICE					
HAVE EDULED DINTMENT YOU		DATE November 7, 1990	NAME AND ADDRESS OF PROBATION OFFICE  1330 Broadway, Suite 400 Oakland, California 94612	TELEPHONE NUMBER 	
		TIME 9:30 a.m.			
[Phillip Garrido ]			You are requested to visit the probation officer at the above address. If for any reason you will be unable to keep this appointment, call the telephone number indicated. Please bring this form with you.  PROBATION OFFICER		

PROB 28
(7/64)

UNITED STATES DISTRICT COURT
PROBATION OFFICE

APPOINTMENT NOTICE

DATE

10-4-93

WE HAVE
SCHEDULED
AN
APPOINTMENT
FOR YOU



DATE

10-8-93

TIME

11

NAME AND ADDRESS OF PROBATION OFFICE

U.S. PROBATION OFFICE
1330 Broadway, Suite #400
Oakland, CA 94612-2504

TELEPHONE
NUMBER

(510) 461-2500

TO:

Phillip Garriolo

You are requested to visit the probation officer at the above address. If for any reason you will be unable to keep this appointment, call the telephone number indicated.

Please bring this form with you.

(175-106-7-1)

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
PROBATION OFFICE

CHIEF PROBATION OFFICER

U.S. COURT HOUSE
450 GOLDEN GATE AVENUE
SUITE #17-6884
POST OFFICE BOX 36057
SAN FRANCISCO, CA 94102-3487

TEL: 415-556-0200
FAX: 415-556-5351



PLEASE REPLY TO:

1301 CLAY STREET
SUITE 220S
OAKLAND, CA 94612-5208

TEL: 510-637-3600
FAX: 510-637-3625

TO:

Phillip Corrido

=====

APPOINTMENT NOTICE

=====

You must appear for the following scheduled appointment :

DATE:

5-17-95

TIME:

3:00

am/pm

You are directed to report to the probation office at the above address. If for any reason you will be unable to keep this appointment, call the telephone number indicated. Failure to report is a violation of your conditions of supervision, which may result in a warrant being issued for your arrest.

Please bring this form with you.

U. S. Probation/Parole Officer

Dated:

5-1-95

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
PROBATION OFFICE

COPY

[REDACTED]
CHIEF PROBATION OFFICER

U.S. COURT HOUSE
450 GOLDEN GATE AVENUE
SUITE #17-6884
POST OFFICE BOX 36057
SAN FRANCISCO, CA 94102-3487

TEL: 415-556-0200
FAX: 415-556-5351



PLEASE REPLY TO:

155 N. Redwood Dr.,
SUITE #100
SAN RAFAEL, CA 94903-1997

TEL: 415-472-8250
FAX: 415-472-8252

March 10, 1999

Phillip Garrido
[REDACTED]
[REDACTED]

=====

APPOINTMENT NOTICE

=====

A home visit will be conducted on the following date:

DATE: 4-6-99

TIME: Between 12:00 p.m. - 1:00 p.m.

If you have a scheduling conflict, you must contact me within 24 hours of receipt of this notice.

[REDACTED]
SR. U.S. Probation Officer



eclectic communications, inc.

RECEIVED

AUG 30 1988

U. S. PROBATION OFFICE
NORTHERN DIST. CALIF.
OAKLAND

DATE: August 29, 1988

TO: [REDACTED]
U.S. Department of Justice
Federal Prison System
Community Programs Office
P.O. Box 36137
San Francisco, CA 94102

RE: GARRIDO, Phillip
reg. no. 36377-136

Dear [REDACTED]

This is to acknowlwdge that the above named resident has arrived
at ECI Oakland, California on August 29, 1988 at 10:50 am AMK

Sincerely,

[REDACTED]
[REDACTED]
Facility Director

cc:U.S.P.O. Office
File

Oakland Facility
205 MacArthur Boulevard • Oakland, CA 94610 • (415) 839-9051

UNITED STATES DISTRICT COURT

DISTRICT OF NEVADA

PROBATION OFFICE

(B(6))/(B(7))(c)

CHIEF PROBATION OFFICER

SUITE 500, PHOENIX BUILDING
330 SOUTH THIRD STREET
LAS VEGAS, NEVADA 89101-6032
702-388-6428
FTS 598-6428

350 SO. CENTER ST.
SUITE 401
RENO, NEVADA 89501
702-784-5206

August 23, 1988

REPLY TO: Reno Office

(B(6))/(B(7))(c)

Chief U. S. Probation Officer
Post Office Box 719
Oakland, California 94604

Attention: (B(6))/(B(7))(c)
U. S. Probation Officer

RECEIVED

AUG 26 1988

U. S. PROBATION OFFICE
NORTHERN DIST. CALIF.
OAKLAND

RE: GARRIDO, Phillip Craig
REG. NO.: 36377-136

PRETRANSFER REQUEST

Dear (B(6))/(B(7))(c)

Pursuant to our telephone conversation of this date, we are requesting that you investigate the above-named parolee relative to a transfer of supervision to your district. As you are aware, Mr. Garrido is being paroled from the Nevada State Prison directly to your district to be with his wife, Nancy Garrido, who resides at (B(6))/(B(7))(c). We have been in telephonic contact with (B(6))/(B(7))(c) of the United States Parole Commission and have informed her of your tentative approval of Mr. Garrido's release plans. It is still unclear as to whether or not Mr. Garrido will be required to reside in a halfway house and we have asked (B(6))/(B(7))(c) to clarify this issue directly with your office. (B(6))/(B(7))(c)

By way of background in this case, Mr. Garrido was sentenced to 50 years custody of the Attorney General in this district on March 11, 1977, after being convicted of violation of Title 18, United States Code, Section 1201(a)(1) - Kidnapping. In January of this year, Mr. Garrido was paroled from Lompoc to a Nevada State hold and he is now ready to be paroled from state custody.

#5 PRETRANSFER

ASSIGNED TO (B(6))/(B(7))(c)

DATE DUE

9/14/88

(B)(6)/(B)(7)(C)

August 23, 1988
Page Two

To aid you in your investigation, we are enclosing a copy of the Nevada Judgment and Commitment Order and a copy of the presentence report in this matter. We wish to thank you for your excellent cooperation in this case and if any further information is needed, please do not hesitate to contact the undersigned at FTS: 470-5206.

Sincerely,

(B)(6)/(B)(7)(C)

[REDACTED] Chief
U. S. Probation Officer

(B)(6)/(B)(7)(C)

[REDACTED]
[REDACTED] Acting Deputy Chief
U. S. Probation Officer

(B)(6)/(B)(7)(C)

Enclosures

(B)(6)/(B)(7)(C)

cc: [REDACTED]
United States Parole Commission

UNITED STATES DISTRICT COURT

DISTRICT OF NEVADA

PROBATION OFFICE

CHIEF PROBATION OFFICER

SUITE 500, PHOENIX BUILDING
330 SOUTH THIRD STREET
LAS VEGAS, NEVADA 89101-6032
702-388-6428
FTS 598-6428

350 SO. CENTER ST.
SUITE 401
RENO, NEVADA 89501
702-784-5206

March 29, 1989

REPLY TO Reno Office

Chief
U.S. Probation Officer
1330 Broadway, Suite #400
Oakland, California 94612

Attention: U.S. Probation Officer

RE: GARRIDO, Phillip Craig
Reg. No. 36377-136

Dear [REDACTED]

In follow-up to a phone conversation with your office this date, we are returning your file materials regarding the above-named individual.

As discussed in that phone conversation, [REDACTED] in the A.O. has instructed us to have this case set up in Oakland as being received on parole in Oakland on December 16, 1988 (the date this subject was released from the Oakland Halfway House).

If you have any questions regarding this action, please contact our office at FTS: 470-5206.

Sincerely,

Chief
U.S. Probation Officer

Acting Deputy Chief
U.S. Probation Officer

enclosures: PSI, J&C, Parole Cert. and Notice of Arrival

RECEIVED

APR 7 1989

U.S. PROBATION OFFICE
NORTHERN DIST. CALIF.
OAKLAND

UNITED STATES DISTRICT COURT

DISTRICT OF NEVADA

PROBATION OFFICE

CHIEF PROBATION OFFICER

SUITE 500, PHOENIX BUILDING
330 SOUTH THIRD STREET
LAS VEGAS, NEVADA 89101-6032
702-388-6428
FTS 598-6428

June 15, 1989

RECEIVED

JUN 21 1989

Chief U.S. Probation Officer
1339 Broadway, Suite 400
Oakland, CA 94612-2504

ATTN: Supervising
U.S. Probation Officer

RE: GARRIDO, Phillip Craig
Reg. No.: 036377-136

TRANSFER OF SUPERVISION

Dear [REDACTED]

We are in receipt of your letter dated June 1, 1989, regarding the above-named subject.

After reviewing this case with our Chief Clerk and statistical clerk we have retroactively opened this case in the District of Nevada and are subsequently transferring supervision to the Northern District of California. Please find enclosed the case file on this subject. Our statistical cards are generated out of Washington and have not been received to date, as soon as they are, they will be forwarded to your Office. I have included a copy of the Form 3B showing the date of transfer of supervision as June 15, 1989.

Please accept my apologies, as well as those of the statistical clerk, for the inconvenience caused by this oversight and misinterpretation of procedures.

Thank you for your assistance in the supervision of this case. If any further information is required, please contact the undersigned Officer.

[REDACTED]
June 15, 1989
Page Two

RE: GARRIDO, Phillip Craig
Reg. No.: 036377-136

TRANSFER OF SUPERVISION

Be assured of our continued cooperation in this and all matters of mutual concern.

Sincerely,

[REDACTED] Chief
U.S. Probation Officer

[REDACTED]
Deputy Chief
U.S. Probation Officer

encl: case file
[REDACTED]

SUPERVISION TRANSFER NOTICE
I-433 (Rev. 6-17-74)

TO: Director, FBI
Washington, D.C. 20537
Attention: Identification Division

Date: October 28, 1994

Name: GARRIDO, PHILLIP CRAIG

FBI #: [REDACTED]

Arrest #: X

Date of Birth: [REDACTED]

Place of Birth: Pittsburg, CA

A form I-12 flash notice was previously submitted on the above-captioned subject indicating that U.S. Probation Officer Las Vegas, Nevada should be notified of any information received concerning this individual. Subject's supervision has now been transferred to the following new locale:

CA 001017G
Chief U.S. Probation Officer
1301 Clay Street, Suite 220S
Oakland, CA 94612-5206

Retain permanently in
FBI # _____

☐ **CHECK ONLY IF IDENTIFICATION RECORD DESIRED**

Forward Record Transcript to:

U. S. Probation Office
13th and Jackson Streets
P. O. Box 719
Oakland, CA 94604

(B)(6)/(B)(7)(C)

FBI Bureau Number, if known

ORI Number

CA001017G

Requesting Agency's Case Name

PLEASE FURNISH INFORMATION CONCERNING PERSON DESCRIBED BELOW:

Surname GARRIDO		First PHILLIP	Middle
Alias(es)			
Address (Street, Number, City, Zip) (B)(6)/(B)(7)(C)			
Description: M <input checked="" type="checkbox"/> F	Date of Birth: (B)(6)/(B)(7)(C)	Place of Birth CA	Race CAUC
Hair BROWN	Eyes BLUE	Height 6'4"	Weight 170

Other Information (Local identification numbers, Social Security Number, Military Identification Number, etc.)

(B)(6)/(B)(7)(C)

SS#
DL# UNKNOWN

Signature of Officer or other person requesting information:

Date

1/13/89

(B)(6)/(B)(7)(C)

USPO

(B)(6)/(B)(7)(C)

THE RESULT OF A NAME SEARCH IN THE BUREAU FILES IS AS FOLLOWS:

☐

We are unable to locate any prior criminal record

☐

There are too many individuals of the same name to identify

☐

The attached record transcript may be the same as the subject of your inquiry

Director - FBI
Washington, D. C. 20537
Attn: Ident. Division

DISTRICT OFFICES

1301 CORDONE AVENUE
RENO, NEVADA 89502
(702) 688-1000

A. A. CAMPOS BUILDING
215 E. BONANZA STREET
LAS VEGAS, NEVADA 89158
(702) 385-0275

850 ELM STREET
ELKO, NEVADA 89801
(702) 738-4088

106 E. ADAMS STREET, ROOM 206
CARSON CITY, NEVADA 89710
(702) 885-5045

STATE OF NEVADA



RICHARD H. BRYAN
GOVERNOR

To: Parole and Probation
To: Subject

(B)(6)/(B)(7)(c)

DEPARTMENT OF PAROLE
AND PROBATION
PAROLE RELEASE INSTRUCTIONS

CHIEF
CAPITOL COMPLEX
1000 E. WILIAM STREET, SUITE 210
CARSON CITY, NEVADA 89710
(702) 885-5040

Parolee: GARRIDO, Phillip L# 88/89-0163

A plan for your parole has been approved, and it is mandatory that upon your release from the institution you comply with the following:

You are hereby instructed:

1. To go immediately following your release from the institution to: OAKLAND, CA.
2. YOU ARE TO TAKE YOUR COPY OF YOUR PAROLE AGREEMENT WITH YOU TO YOUR FIRST MEETING WITH YOUR PAROLE OFFICER, and you are to report as follows: IN PERSON BY 9:00 A.M. 08-29-88 U.S.P.O. [REDACTED] at Federal Building, 13th & Jackson, Oakland, CA. RM. #2 PHONE: (415) 372-7101 (B)(6)/(B)(7)(c)
3. To report to your employment at: NURSING HOME at 4001 Lone Tree Lane, Antioch, CA.
4. You will reside at: [REDACTED]

(B)(6)/(B)(7)(c)

Before you lies the opportunity to plan and re-establish the course of your life toward goals approved by society and in accordance with the principles of good citizenship. You have been assigned a Parole Officer who will be ready to give guidance and assistance.

PRE-RELEASE SUPERVISOR

(B)(6)/(B)(7)(c)

I have received a copy of my Parole Reporting Instructions.

Phillip Garrido
Parolee Date

[REDACTED]
Witness Date

(B)(6)/(B)(7)(c)

Form 26WP
(Rev. 7/87)

DISTRICT OFFICES

STATE OF NEVADA

RICHARD H. BRYAN
GOVERNOR

1301 CORDONE AVENUE
RENO, NEVADA 89502
(702) 688-1000

A. A. CAMPOS BUILDING
215 E. BONANZA STREET
LAS VEGAS, NEVADA 89158
(702) 486-3001

850 ELM STREET
ELKO, NEVADA 89801
(702) 738-4088

106 E. ADAMS STREET, ROOM 206
CARSON CITY, NEVADA 89710
(702) 885-5045



DEPARTMENT OF PAROLE
AND PROBATION

(B(6))/(B(7)(c))

CHIEF
CAPITOL COMPLEX

1445 HOT SPRINGS ROAD, NO. 104
CARSON CITY, NEVADA 89710
(702) 885-5040

RECEIVED

OCT 25 1988

U.S. PROBATION OFFICE
NORTHERN DIST. CALIF.
OAKLAND

October 19, 1988

(B(6))/(B(7)(c))

Officer [REDACTED]
United States Probation/Parole Department
Federal Building
P.O. Box 719
13th and Jackson Streets
Room 207
Oakland, California 94604

RE: GARRIDO, Phillip
NV #L88/89-0163

Dear Officer [REDACTED] (B(6))/(B(7)(c))

This letter will recap our telephone conversation of October 18th, 1988.

Mr. Phillip Garrido is a Nevada State parolee serving a life parole for the offense of Forcible Rape. Interstate Compact paperwork was sent to California with the request that the California Department of Corrections supervise Mr. Garrido as he was residing there. The Concord District Parole Officer denied said request on October 5th, 1988 indicating that the subject was living in a halfway house in Oakland under the supervision of Federal paroles.

The Nevada Department of Parole and Probation respectfully requests that it be sent periodic progress reports regarding Mr. Garrido's status. Due to his offense, this department must verify that he is being actively supervised in California. We understand that he is serving a 50 year Federal probation for the offense of kidnapping and should be under your supervision for a substantial length of time.

I would like to thank you in advance for your most appreciated assistance in this matter. I can be reached at [REDACTED] if there needs to be further clarification.

Sincerely,

(B(6))/(B(7)(c))

(B(6))/(B(7)(c))

[REDACTED]
Supervisor
Interstate Services

(B(6))/(B(7)(c))

11/24/98

16:43

NO. 038

001

510-631-5400

34

STATE OF NEVADA
DEPT. MOTOR VEHICLES & PUBLIC SAFETY

**DIVISION OF
PAROLE & PROBATION**

1445 Hot Springs Road, Suite 104

Carson City, NV 89711

Phone: (702) 687-5040

Fax: (702) 687-5402

FAX MESSAGE

DATE: 11/24/98

TO:

Federal Probation

ATTN:

[REDACTED]

FROM:

[REDACTED]

RE:

Garrido, Phillip

NUMBER OF PAGES INCLUDING THIS COVER SHEET: 2

COMMENTS:

*parole agreement as you
requested*

IF YOU ARE UNABLE TO READ THIS TRANSMISSION,
PLEASE CONTACT THE SENDER AT THE ABOVE ADDRESS
OR PHONE IMMEDIATELY.

702-687-5040

702-687-5402

11/24/98

16:43

NO. 839

Parole Board Rules 1.06
 Original - Criminal Justice
 County - Washoe
 Filed - Prison
 Date - Dec. 88

NEVADA BOARD OF PAROLE COMMISSIONERS

PAROLE AGREEMENT

N.S.P. Number 12954
 L988/89-0163
 OCF-318964
 CODE 88-26-97

Carson City Nevada August 26th 1988

On the 11th day of April 1977

Phillip Garrido

was sentenced by

Honorable Roy L. Turvinen

District Judge of the Second

Judicial District Court in and

for the county of Washoe

State of Nevada, to imprisonment in the Nevada State Prison System, for the crime of

Voluntary Rape

for a term of LIFE

The Board of Parole Commissioners, by virtue of the authority vested in it by the laws of the State of Nevada, hereby authorizes the

Director of the Department of Prisons to allow said Phillip Garrido on the 26th day of August

1988, or as soon thereafter as a satisfactory program can be arranged and approved by the Department of Parole, to go upon parole outside the prison buildings and enclosure, subject to the following conditions:

1. RELEASE: Upon release from the institution, you are to go directly to the program approved by the Department of Parole, and shall report to the Parole Officer or other person designated by the Department.

2. RESIDENCE: You shall not change your place of residence without first obtaining permission from your Parole Officer, in each instance.

3. OUT-OF-STATE TRAVEL: You shall not leave the State without first obtaining written permission from your Parole Officer.

4. EMPLOYMENT AND/OR PROGRAM: You shall seek and maintain employment or maintain a program approved by the Department of Parole and not change such employment or program without first obtaining permission.

5. REPORTS: You are required to submit a written monthly report to your supervising Parole Officer on the first of each month or form supplied by the Department of Parole. This report shall be true and correct in all respects; in addition, you shall report as directed by your Parole Officer.

6. INTOXICANTS: You shall not drink or partake of any alcoholic beverages, or use any drugs, except as may be prescribed by any Parole or Peace Officer; you shall submit to a medically recognized test for blood alcohol content. Failure to so submit shall constitute a violation of your parole. Test results of .10 blood alcohol or higher shall be sufficient proof of excess.

7. SEARCHES: You shall submit to a search of your person, automobile, or place of residence, by a Parole Officer, at any time of the day or night without a warrant, upon reasonable cause as ascertained by the Parole Officer.

8. NARCOTICS: You shall not use, purchase nor possess any narcotic drugs, nor any dangerous drugs, unless first prescribed by a licensed physician; you shall submit to narcotic or drug testing as required by any Parole Officer.

9. WEAPONS: You shall not possess, own, carry, or have under your control any type of weapon.

10. ASSOCIATES: Former inmates of penal institutions and individuals of bad reputation shall be avoided unless permission is granted by the Department; You shall not correspond with persons confined in penal institutions, unless specific written permission has previously been granted.

11. COOPERATION: You shall, at all times, cooperate with your Parole Officer and your lawyer that justify the opportunity granted to you by this parole. You shall always consult your Parole Officer and obtain his permission before entering into a contract of marriage, or going into debt, or purchasing a motor vehicle (proof of liability insurance will be required). Whenever problems arise for you do not understand what is expected of you, consult with your Parole Officer as it is his/her responsibility to help you in the interpretation of the conditions of this parole.

12. LAWS AND CONDUCT: You shall comply with all municipal, county, state and federal laws, and ordinances; and conduct yourself as a good citizen.

13. SPECIAL CONDITIONS OF YOUR PAROLE: 1. California Only 2. Maintain Steady Employment

3. Search 4. Drug Testing 5. (B)(6)/(B)(7)(C)

6. Must Comply With Federal Parole Program As Follows: Must Complete Federal Community Treatment Program

14. YOUR PAROLE EXPIRATION DATE IS LIFE

15. CREDITS: You shall receive no credit, whatsoever, on this sentence should you be absent from supervision at any time and be considered an absconder.

This parole is granted to and accepted by you, subject to the conditions stated herein, and with the knowledge that the Board of Parole Commissioners have the power, at any time, in case of violation of the conditions of parole to cause your detention and/or return to prison. Your right to vote has been revoked and may be restored upon Honorable Discharge for parole.

APPROVED BY THE
 BOARD OF PAROLE COMMISSIONERS

Dated August 26th 1988

(B)(6)/(B)(7)(C)

AGREEMENT BY PAROLEE

I do hereby waive extradition to the State of Nevada from any state in the United States, and from any territory or country outside the continental United States, and also agree that I will not contest any effort to return me to the United States or to the State of Nevada.

I have read or had read to me, the following conditions of my parole, and I fully understand them and I agree to abide by and strictly follow them. I fully understand the penalties involved should I in any manner violate the foregoing conditions.

PAROLEE *Phillip Garrido*

Witness (B)(6)/(B)(7)(C)

Dated 8-26-88

STATE OF NEVADA
DEPARTMENT OF PAROLE AND PROBATION

(B)(6)/(B)(7)(c)

INTERSTATE COMPACT SERVICES
1445 Hot Springs Road, #104
Carson City, Nevada 89710
(702) 687-5040

November 21, 1991

U.S. Probation
1330 Broadway, Suite 400
Oakland, CA 94604
Attention: [REDACTED]

(B)(6)/(B)(7)(c)

RE: GARRIDO, PHILLIP
OUR: L88/89-163
YOUR:
DOB:

RECEIVED

NOV 21 1991

U.S. PROBATION OFFICE
NORTHEAST CALIF.
OAKLAND

Dear Sir:

XX We would appreciate receiving a current Progress Report.
May we know the status of our Investigation Request dated
Has subject been accepted?
May we please have a final evaluation of the above named subject?
Subject is due for Discharge on _____
Discharge was granted by the Court/Parole Board effective _____
and is enclosed for transmittal to subject. _____
Above subject has transferred/returned to _____
Attached please find material as you requested.
Our records indicate that probation/parole was to have expired _____
Attached find copy of subject's Parole Agreement for your files.
Please note Special Condition(s) of Parole/Probation: _____

Earliest subject can be considered for discharge is _____

Please continue supervision.

Subject has returned to Nevada, please destroy our case material.

Your case material is being retained destroyed returned.

This closes our interest in this case.

REMARKS:

THANK YOU.

Sincerely,

(B)(6)/(B)(7)(c)

[REDACTED], Supervisor
Interstate Services

STATE OF NEVADA
DEPARTMENT OF PAROLE AND PROBATION

INTERSTATE COMPACT SERVICES
1445 Hot Springs Road, #104
Carson City, Nevada 89710
(702) 687-5040

(b)(6)/(b)(7)(c)

RECEIVED

NOV 6 - 1992

U.S. PROBATION OFFICE
NORTHERN DIST. CALIF.
OAKLAND

November 21, 1991, 10/20/92

2nd Request

U.S. Probation
1330 Broadway, Suite 400
Oakland, CA 94604
Attention: [REDACTED]

(b)(6)/(b)(7)(c)

RE: GARRIDO, PHILLIP
OUR: L88/89-163
YOUR: [REDACTED]
DOB: [REDACTED]

(b)(6)/(b)(7)(c)

Dear Sir:

XX We would appreciate receiving a current Progress Report.
May we know the status of our Investigation Request dated
Has subject been accepted?
May we please have a final evaluation of the above named subject?
Subject is due for Discharge on _____
Discharge was granted by the Court/Parole Board effective _____
and is enclosed for transmittal to subject.
Above subject has transferred/returned to _____
Attached please find material as you requested.
Our records indicate that probation/parole was to have expired _____
Attached find copy of subject's Parole Agreement for your files.
Please note Special Condition(s) of Parole/Probation: _____

Earliest subject can be considered for discharge is _____

Please continue supervision.

Subject has returned to Nevada, please destroy our case material.
Your case material is being retained destroyed returned.
This closes our interest in this case.

REMARKS:

THANK YOU.

Sincerely,

(b)(6)/(b)(7)(c)

[REDACTED] Supervisor
Interstate Services

DISTRICT OFFICES

1301 CORDONE AVENUE
RENO, NEVADA 89502
(702) 688-1000

A. A. CAMPOS BUILDING
215 E. BONANZA ROAD
LAS VEGAS, NEVADA 89158
(702) 486-3001

3920 E. IDAHO STREET
ELKO, NEVADA 89801
(702) 738-4088

119 E. LONG STREET
CARSON CITY, NEVADA 89710
(702) 687-5045

STATE OF NEVADA



DEPARTMENT OF
MOTOR VEHICLES AND PUBLIC SAFETY
DIVISION OF PAROLE AND PROBATION

May 26, 1995

BOB MILLER
GOVERNOR

JAMES P. WELLER
DIRECTOR

(b)(6)/(b)(7)(c)

CHIEF
CAPITOL COMPLEX

1445 HOT SPRINGS ROAD, NO. 104
CARSON CITY, NEVADA 89710
(702) 687-5040

RECEIVED

JUN 5 1995

U.S. PROBATION OFFICE
NORTHERN DIST. CALIF.
OAKLAND

United States District Court
1330 Broadway, Suite #400
Oakland, CA 94612-2504
Attention: [REDACTED]

(b)(6)/(b)(7)(c)

RE: GARRIDO, PHILLIP - NV# L88/89-0163 - CC# 318964
Expiration: Life

Dear Officer [REDACTED] (b)(6)/(b)(7)(c)

The Nevada Division of Parole and Probation respectfully requests that you send us a current progress report regarding the above named Nevada parolee. Your cooperation is sincerely appreciated.

If you have any questions, please contact me at [REDACTED] (b)(6)/(b)(7)(c)

Sincerely,

[REDACTED]
[REDACTED] P.O.
Interstate Services

(b)(6)/(b)(7)(c)

(b)(6)/(b)(7)(c)

STATE OF NEVADA
DEPARTMENT OF PAROLE AND PROBATION

INTERSTATE COMPACT SERVICES

1445 Hot Springs Road, #104
Carson City, Nevada 89710
(702) 687-5040

RECEIVED

MAR 1 - 1996

U.S. Probation Office
Northern Dist. Calif.
Oakland

02-27-96

UNITED STATES DISTRICT COURT
Northern Dist. of California
Probation Office
1301 Clay Street, Ste 220S
Oakland Ca 94612

RE: GARRIDO, PHILLIP
OUR: L88/89-0163
YOUR:
DOB: [REDACTED] (B)(6)(B)(7)(c)

Dear Sir:

XX We would appreciate receiving a current Progress Report.
May we know the status of our Investigation Request dated
Has subject been accepted?
May we please have a final evaluation of the above named subject?
Subject is due for Discharge on _____
Discharge was granted by the Court/Parole Board effective _____
and is enclosed for transmittal to subject.
Above subject has transferred/returned to _____
Attached please find material as you requested.
Our records indicate that probation/parole was to have expired _____
Attached find copy of subject's Parole Agreement for your files.
~~Please note Special Condition(s) of Parole/Probation: _____~~

_____. Earliest subject can be considered for discharge is _____
_____. Please continue supervision.

Subject has returned to Nevada, please destroy our case material.
Your case material is being retained ___destroyed ___returned.
This closes our interest in this case.

REMARKS: ~~WE WOULD LIKE TO RECEIVE A PROGRESS REPORT AT LEAST EVERY SIX MONTHS ON THIS SUBJECT. THANK YOU FOR YOUR ASSISTANCE.~~

Sincerely,

(B)(5)/(B)(7)(c)

[REDACTED]
Supervisor
Interstate Services

STATE OF NEVADA
DEPARTMENT OF PAROLE AND PROBATION

INTERSTATE COMPACT SERVICES

1445 Hot Springs Road, #104
Carson City, Nevada 89710
(702) 687-5040

DATE: 3/4/98

US PROBATION OFFICE
ATTN: [REDACTED]
1301 CLAY ST #220S
OAKLAND CA 94612

RECEIVED

DEC 9 1998

U.S. PROBATION OFFICE
NORTHERN DIST. CALIF.
OAKLAND

RE: GARRIDO, PHILLIP
OUR: L88/89-0163
YOUR: 36377-136
DOB: [REDACTED]

Dear Sir:

XX We would appreciate receiving a current Progress Report.
May we know the status of our Investigation Request dated
Has subject been accepted?
May we please have a final evaluation of the above named subject?
Subject is due for Discharge on _____
Discharge was granted by the Court/Parole Board effective _____
and is enclosed for transmittal to subject.
Above subject has transferred/returned to _____
Attached please find material as you requested.
Our records indicate that probation/parole was to have expired _____
Attached find copy of subject's Parole Agreement for your files.
Please note Special Condition(s) of Parole/Probation: _____

_____. Earliest subject can be considered for discharge is. _____

_____. Please continue supervision.

Subject has returned to Nevada, please destroy our case material.
Your case material is being retained ___destroyed ___returned.
This closes our interest in this case.

REMARKS:

Sincerely,

Interstate Services

Dest
Case Review
Capt Sort
3/13/98

STATE OF NEVADA

DIVISION OF PAROLE AND PROBATION
INTERSTATE COMPACT SERVICES

1445 Hot Springs Road, #104
Carson City, Nevada 89706
(775)687-5040
FAX (775)687-5402

DATE: May 10, 1999

TO: US PAROLE & PROBATION
ATTN: [REDACTED] (B)(6)/(B)(7)(C)
1301 CLAY ST #220S
OAKLAND CA 94612

RE: GARRIDO, PHILLIP
OUR#: L88/89-0163
YOUR#: 36377-136
D.O.B.: [REDACTED] (B)(6)/(B)(7)(C)

Dear Sir:

- XX We would appreciate receiving a current Progress Report.
____ May we know the status of our Investigation Request dated _____.
____ Has subject been accepted?
____ May we please have a final evaluation of the above named subject?
____ Subject is due for Discharge on ____.
____ Discharge was granted by the Court/Parole Board effective _____. And is enclosed for transmittal to subject.
____ Above subject has transferred/returned to ____.
____ Attached please find material as you requested.
____ Our records indicate that probation/parole was to have expired on ____.
____ Attached find copy of subject's Parole Agreement for your files.
____ Please note Special Condition (s) of Parole/Probation: _____

____ Earliest subject can be considered for discharge is _____.
____ Please continue supervision.
____ Subject has returned to Nevada, please destroy our case material.
____ Please close interest.
____ Your case material is being retained ____ destroyed ____ returned.
____ This closes our interest in this case.
XX REMARKS: Please advise the discharge date for your case.

Sincerely,

[REDACTED]
(B)(6)/(B)(7)(C)
Interstate Services
775-684-2626

RECEIVED
AND FILED

DEC 2 11 27 AM '76

CAROL

[Signature]

LAWRENCE J. SEMENZA
United States Attorney
RAYMOND D. PIKE
Asst. United States Attorney
Federal Bldg. & Courthouse
300 Booth St., Rm. 5011
Reno, Nevada
Tel: 784-5439

Attorneys for Plaintiff.

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEVADA

UNITED STATES OF AMERICA,

Plaintiff,

v.

PHILLIP CRAIG GARRIDO,

Defendant.

Criminal No. R-76-88-BRT

INDICTMENT FOR VIOLATION OF

SECTION 1201(a)(1), TITLE 18,
UNITED STATES CODE

(Kidnapping)

THE GRAND JURY CHARGES:

On or about the 22nd day of November, 1976, PHILLIP
CRAIG GARRIDO knowingly transported in interstate commerce, from
South Lake Tahoe, California, to Reno, Nevada, one

who had theretofore been unlawfully seized, kidnapped,
carried away and held by PHILLIP CRAIG GARRIDO; all in violation
of Title 18, United States Code, Section 1201(a)(1).

A TRUE BILL:

Michael J. Hoover
FOREMAN

LAWRENCE J. SEMENZA
United States Attorney

By: *[Signature]*
RAYMOND D. PIKE
Asst. United States Attorney

FILED
APR 6 1977
EMIL E. MELFI, JR.
CLERK, U.S. COURT OF APPEALS

No. 77-1692
DC # CR 76-88

ORDER RELIEVING ATTORNEY AND
FOR APPOINTMENT OF NEW ATTORNEY,
ORDER FOR TIME SCHEDULE.

. vs

Defendant-Appellant.

Before: CHAMBERS, Circuit Judge.

The motion of the Federal Public Defender to be relieved is granted. A new attorney will be appointed by separate order. The new attorney shall forthwith submit a CJA Form 21 for an estimate of the cost of the reporter's transcript if this has not already been done.

The Clerk will enter a time schedule for this appeal.

1-J CR CAL

RECEIVED

U.S.A. vs. PHILLIP C. GARRIDO

FOR Ninth Circuit
AT

CRAIG GARRIDO

San Francisco, California

LOCATION NUMBER
05001

PROCEEDING (describe briefly)

INTERSTATE KIDNAP

CHARGE/OFFENSE (describe if applicable & check box -)

18 U.S.C. §1201 (a) (1)
U.S. or other code citation

☒ Felony
☐ Misdemeanor

- 1 ☐ Defendant - Adult
- 2 ☐ Defendant - Juvenile
- 3 ☒ Appellant
- 4 ☐ Probation Violator
- 5 ☐ Parole Violator
- 6 ☐ Habeas Petitioner
- 7 ☐ 2255 Petitioner
- 8 ☐ Material Witness
- 9 ☐ Other (Specify Below)

DOCKET NUMBERS

Magistrate
District Court
76-88
Court of Appeals
77-1692

VOUCHER NUMBER

321144

PERSON REPRESENTED (Show full name & status, & check box -)

PHILLIP CRAIG GARRIDO

Name already appears as ☐ PI or as ☒ DI above

COURT ORDER

- ☐ APPOINTING COUNSEL
- ☐ RATIFYING PRIOR SERVICE
- ☐ EXTENDING APPOINTMENT FOR APPEAL
- ☒ SUBSTITUTING COUNSEL FOR:
(name of prior counsel) (date app'd.)

(Federal Public Defender)
for the limited purpose of
this appeal only.

Because the above named person represented has testified under oath or has otherwise satisfied this court that he or she: (1) is financially unable to employ counsel, and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney or organization printed here and below

is hereby appointed to represent this person in the above designated case.

If appointment is made by a magistrate and the case subsequently proceeds to U.S. District Court, the appointment shall remain in effect until terminated or a substitute attorney is appointed.

The attorney or organization herein appointed is authorized to claim reimbursement on this form, subject to applicable law, administrative regulations, and the plan of the court.

Signature of U.S. Judge or magistrate

Date

OR BY ORDER OF THE COURT

(Clerk or Deputy)

CERTIFICATIONS OF ATTORNEY/PAYEE

Has compensation and/or reimbursement for work in this case been previously applied for or received? ☐ Yes ☒ No

If "Yes", how much were you paid? \$

By whom were you paid?

If this is an appeal did you represent person in lower court? ☐ Yes ☒ No

SIGNATURE OF ATTORNEY/PAYEE

I SWEAR & AFFIRM THE TRUTH & CORRECTNESS OF ABOVE STATEMENTS

APPROVED FOR PAYMENT

SIGNATURE OF JUDGE/MAGISTRATE

SIGNATURE OF CHIEF JUDGE COURT OF APPEALS

Payment in excess of statutory limitation approved under 18 USC 3006A(d) (3) AMT. APPROVED

DATE

DATE

AMOUNT CERTIFIED/ APPROVED

\$

DATE

\$

TIME SPENT

DATES

HOURS

AMOUNT

I. IN OPEN COURT

- A. ARRAIGNMENT &/OR PLEA
- B. MOTIONS & REQUESTS
- C. BAIL HEARINGS
- D. SENTENCE HEARINGS
- E. TRIAL
- F. REVOCATION HEARINGS
- G. APPEALS COURT
- H. OTHER (Specify below)

RATE PER HR

\$ 30

HOURS TIMES RATE

TOTAL "IN COURT" HOURS

\$

II. OUT OF COURT

- A. INTERVIEWS & CONFERENCES
- B. OBTAINING & REVIEWING RECORDS
- C. LEGAL RESEARCH & BRIEF WRITING
- D. INVESTIGATIVE & OTHER WORK (Specify)

\$ 20

- E. TRAVEL TIME (during normal office hours only):
(1) TO & FROM COURT (round-trips under 1 hr not allowed)
(2) OTHER TRAVEL TIME (Specify)

TOTAL "OUT OF COURT" HOURS

\$

TOTAL COMPENSATION FOR "IN COURT & OUT OF COURT" TIME \$

III. ITEMIZED EXPENSES (Specify per instruction sheet)

AMT. PER ITEM

RECEIVED

APR 8 1977

TOTAL ITEMIZED EXPENSES \$

U.S. PROBATION OFFICE RENO, NEVADA

DEDUCT AMOUNTS PREVIOUSLY PAID IF APPLICABLE
NET AMOUNT CLAIMED \$

If more space needed use additional blank sheets

DATE

DATE

AMOUNT CERTIFIED/ APPROVED

\$

\$

COUNSEL IS A PRIVATE ATTORNEY

IS FURNISHED BY:

PHONE NO.

COMMUNITY DEFENDER ORGANIZATION

BAR ASSOCIATION OR LEGAL AID AGENCY

SOCIAL SECURITY NO.

(B)(6)/(B)(7)(c)

VOUCHER NUMBER 321144

"Has defendant paid any money to you since his arrest, or to your knowledge, to anyone else, in connection with the offense for which you were appointed to defend him? If so, give details."

Signature

ATTORNEY

Document No. 22:

Parole Application

U.S. Department of Justice
United States Parole Commission

Notice of Hearing, Parole Application
Representative and Disclosure Request

Name:

GARRIDO, Phillip

Date

8-24-87

Register No:

36377-136

Institution

USP, Lompoc, Ca

INSTRUCTIONS: This form is to be furnished to and completed by every inmate prior to every scheduled hearing before the Parole Commission. It must be furnished at least 60 days in advance of the scheduled hearings unless such 60 day notice is waived by the inmate (see "I" below).

1. NOTICE OF HEARING: Provided you have applied for parole in the space below, you will be given a hearing by officials of the U.S. Parole Commission on the docket of parole hearings scheduled for NOVEMBER, 1987 to _____, 19 ____.

IF THERE ARE LESS THAN 60 DAYS BETWEEN THE DATE OF THIS NOTICE AND YOUR HEARING, YOUR HEARING WILL BE POSTPONED UNTIL THE NEXT DOCKET OF PAROLE HEARINGS AT YOUR INSTITUTION UNLESS YOU INITIAL THE FOLLOWING WAIVER.

(Initials) I received this form less than 60 days from the date of my hearing. However, I hereby waive my right to 60 days advance notice of the hearing time and notice of my disclosure rights, and I request to be heard as scheduled.

2. APPLICATION: I hereby apply for parole, or have previously applied and still wish to be paroled.

Phil Garrido

(Signature)

8/24/87

(Date)

3. WAIVER OF PAROLE/PAROLE HEARING:

A. I wish to waive parole consideration at this time.

(Initials)

B. I wish to waive my scheduled Statutory Interim Hearing and have not incurred any Institutional Disciplinary Committee infractions since my last hearing.

(Initials)

C. I wish to waive the parole effective date or presumptive parole date previously determined by the Commission. (NOTE: A previously waived parole date will be reinstated upon reapplication, provided no new adverse information exists in your case.)

(Initials)

D. I wish to waive mandatory parole.

(Initials)

NOTE: 1) If you waive parole or a parole hearing, any subsequent application or reapplication must be submitted at least 60 days prior to the first day of the month in which hearings are conducted at the institution where you are then confined.
2) Revocation hearings cannot be waived. Hearings under 28 CFR 2.28 (b-f) and rescission hearings can only be waived by waiver of the parole effective date or presumptive parole date previously determined by the Commission.

4. REPRESENTATIVE: At your hearing you may have a representative of your choice (e.g. family member, friend, staff member, or attorney), who will be permitted to make a statement on your behalf at the close of the hearing. The name of any representative willing and able to appear should be written in below. Arrangements for the appearance of a representative must be made through your case manager.

Name of Representative: _____

IF YOU DO NOT WISH A REPRESENTATIVE, INITIAL THE FOLLOWING WAIVER:

I do not wish a representative at my hearing.

(Initials)

CENTRAL FILE

5. DISCLOSURE OF FILE INFORMATION: You may review the reports and documents in your file which will be considered by the Commission, if you submit a request for disclosure on this form at least 30 days in advance of your hearing. [NOTE: Certain material which the Commission will consider may be exempt by law from disclosure. In such event, a summary of the material withheld from you will be furnished if you request to review your file.]

PC
(Initials)

I wish to inspect the disclosable material in my institutional file.

(Initials)

I wish to inspect any documents concerning me which the Parole Commission may have in its Regional Office. I understand that in most cases, the Commission will have no material, until after an initial hearing has been held. [If you request disclosure of Regional-Office documents you must do so on this form at least 30 days in advance of the hearing.]

NOTE:

At review hearings, the Commission will consider only information about factors which have changed, or which may have changed, since your last parole hearing.

IF YOU DO NOT WISH TO REQUEST ANY DISCLOSURE, INITIAL THE FOLLOWING WAIVER:

(Initials)

I do not wish to inspect my files before the hearing scheduled on this form.

IF YOU HAVE INSPECTED FILE MATERIAL, INITIAL BELOW.

PC
(Initials)

I have reviewed the materials in my institutional file on 10-4, 1987.

(Initials)

I have reviewed the Parole Commission file material on _____, 19__.

IF YOU HAVE NOT YET RECEIVED DISCLOSURE OF THE FILE MATERIALS YOU REQUESTED OR IF THERE ARE LESS THAN 30 DAYS BETWEEN EITHER OF THE ABOVE DATES AND YOUR HEARING, YOUR HEARING WILL BE POSTPONED UNTIL THE NEXT DOCKET OF PAROLE HEARINGS AT YOUR INSTITUTION UNLESS YOU INITIAL THE FOLLOWING WAIVER:

PC
(Initials)

I did not receive 30 days prehearing disclosure of the material I requested from my files. However, I hereby waive my right to disclosure 30 days in advance of the hearing, and I request to be heard as scheduled.

WILL BE FOLLOWED BY THE NEXT DOCKET OF PAROLE HEARINGS AT YOUR INSTITUTION UNLESS YOU INITIAL THE FOLLOWING WAIVER:

Document No. 32

Summary of Preliminary Interview

REDACTED
UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
PROBATION OFFICE

(B(6))/(B(7))(c)

CHIEF PROBATION OFFICER

U.S. COURT HOUSE
450 GOLDEN GATE AVENUE
SUITE #18400
POST OFFICE BOX 36057
SAN FRANCISCO, CA 94102-3487

COM:415-556-0200
FTS: 556-0200
FAX: 415-556-5351



EXCLUDED INFORMATION

83 APR 23

410:13

PLEASE REPLY TO:

1330 BROADWAY
SUITE #400
OAKLAND, CA 94612-2504

COM:415-273-7101
FTS: 536-7101
FAX: 415-273-6350

April 15, 1993

Commissioner
United States Parole Commission
525 Griffin Street, Room 820
Dallas, TX 75202

SUMMARY REPORT OF PRELIMINARY INTERVIEW

Name: Phillip Craig Garrido
Register No.: 36377-136
Date Warrant Issued: 3-18-93
Parolee's Attorney:

Date of Interview: April 13, 1993
Place of Interview: FDC Dublin, CA
Interviewing Officer: [REDACTED]

I. PROCEDURES FOLLOWED:

A warrant was issued by the Parole Commission on March 18, 1993.

Upon commencing the interview, Parole Form F-2 was read to Mr. Garrido and he initialed paragraph A of Part I indicating that he wished to proceed. Additionally, Mr. Garrido stated that he would not request a revocation hearing and would not request any adverse or voluntary witnesses. Furthermore, Mr. Garrido signed paragraph 1 of CGA Form 22 indicating that he does not desire the United States District Court to appoint counsel to represent him.

II. WITNESSES PRESENT:

None.

REDACTED (b)(6)/(b)(7)(c)

III. REVIEW OF CHARGES:

CHARGE #1 OF THE ORIGINAL WARRANT APPLICATION: Violation of standard condition

Information contained in letter dated 3-15-93 by United States
Probation Officer:

The parolee admitted this charge.

Parolee's Evidence:

Adverse Witnesses:

None.

CHARGE #2 OF THE ORIGINAL WARRANT APPLICATION:

Violation of special condition . . . you shall participate in a community based program approved by the
U.S. Parole Commission for

The parolee admitted this charge.

Parolee's Evidence:

Adverse Witnesses:

None.

REDACTED

(b)(6)/(b)(7)(c) (b)(5)

3

Other Admitted Violations:

None.

IV. COMMUNITY RESOURCES:

Upon release from custody, Mr. Garrido intends to continue to live with his wife, Nancy Garrido, and his mother, [REDACTED]

Prior to his arrest, Mr. Garrido was starting his own business conducting self image/psychology seminars. However, upon consultation with his Probation Officer, [REDACTED], he now plans to seek other, more stable employment once released from custody.

V. WITNESSES INTERVIEWED:

It was not possible for this officer to interview Mr. Garrido's wife or mother, however, United States Probation Officer [REDACTED] was contacted, and [REDACTED] confirmed that the family is intact, Mrs. Garrido is supportive, and Phillip Garrido would be able to take up residence with her once again after his release from custody.

VI. RECOMMENDATION AS TO PROBABLE CAUSE:

CHARGE #1: [REDACTED]

CHARGE #1: [REDACTED]

Date:

[REDACTED], Interviewing Officer

cc: Phillip C. Garrido

NDC:2

REDACTED (B(6))/(B(7)(c)) (b(5))

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
PROBATION OFFICE

CHIEF PROBATION OFFICER

U.S. COURT HOUSE
450 GOLDEN GATE AVENUE
SUITE #18400
POST OFFICE BOX 36057
SAN FRANCISCO, CA 94102-3487

COM: 415-556-0200
FTS: 556-0200
FAX: 415-556-5351



PLEASE REPLY TO:

1330 BROADWAY
SUITE #400
OAKLAND, CA 94612-2504

COM: 415-273-7101
FTS: 536-7101
FAX: 415-273-6350

April 14, 1993

RE: Garrido, Phillip
REG. NO: 36377-136

CONFIDENTIAL RECOMMENDATION

The charges against Mr. Garrido are basically technical violations and he has been in custody since April 1, 1993. Additionally, Mr. Garrido has resources in the community and has expressed [REDACTED]. It appears that his recent incarceration has had a powerful and positive impact on his [REDACTED].

Respectfully submitted,

U.S. PROBATION OFFICER

REVIEWED AND APPROVED BY:

SUPERVISING U.S. PROBATION OFFICER

REDACTED (B(6))/(B(7))(c)

PART ONE

This part is to be completed at the initial visit of the interviewing officer following the arrest of an alleged parole or mandatory release violator on a Warrant or appearing by Summons issued by the United States Parole Commission. The explanation of the Commission's procedure and the alleged violator's legal rights which appears below must be read and acknowledged by the alleged violator, and a copy provided to him.

The rules of the United States Parole Commission provide that, as an alleged parole or mandatory release violator who has not been convicted of a criminal offense committed while under supervision shall be given a preliminary interview by an official designated by the Commission. At the interview, each charge on the warrant application will be read to you, and you will be apprised of the information supporting those charges. You will be asked to admit or deny each charge and to so indicate in the spaces provided for your initials on the warrant application. You may explain, justify or clarify your admission or denial to the probation officer and this will be reported by him as part of his report of the preliminary interview. Following the interview, you will be held in local custody pending a determination by the Commission as to whether there is probable cause to believe that you have violated a condition of your release, and if so, whether to order a revocation hearing to make a final determination of the charges against you. The rules of the Commission further provide that you may be represented at your preliminary interview by an attorney and that you may present voluntary witnesses and documentary evidence in defense of the charges against you. If you deny violating the conditions of release and have not been convicted of a crime while on release, you may request the presence of those persons who have given evidence that you violated your conditions of release.

OPPORTUNITY TO REQUEST POSTPONEMENT OF PRELIMINARY INTERVIEW. The preliminary interview will be held at this time unless you request postponement of the interview in order to permit you to obtain an attorney and/or witnesses. Such postponement will not exceed thirty days. If you desire the presence of voluntary witnesses at the preliminary interview or local revocation hearing, the responsibility of their presence at the appropriate time and place rests with you or your attorney.

COURT-APPOINTED ATTORNEY. If you cannot pay for the services of an attorney and desire legal assistance, you may complete Form C.J.A.-22 to request the local United States District Court to appoint an attorney to represent you at your preliminary interview. Your interviewing officer will furnish you with this form, and will present it to the Court for you. If you waive representation by an attorney at your preliminary interview, you may, at the conclusion of the interview or no later than 15 days prior to revocation hearing complete Form C.J.A.-22 to request appointment of an attorney to represent you in the event the Commission orders a revocation hearing.

OPPORTUNITY TO REQUEST ADVERSE WITNESSES. If you intend to contest the administrative charges against you and have not been convicted of a new criminal offense during your release, you may also request the presence at a postponed preliminary interview of any adverse witness who has given information upon which revocation may be based. If you do so by completing this form, such witness will be made available at the interview for questioning unless good cause is found to deny your request. Your supervising U.S. Probation Officer will normally be present if you are being held in your district of supervision.

Pending a postponed preliminary interview you may request that any witness be interviewed and that the testimony of such witness be reported to the Commission. When appropriate, the Commission may order that a postponed preliminary interview be conducted as a local revocation hearing.

THIS FORM CONSTITUTES THE NOTICE OF YOUR
PRELIMINARY INTERVIEW REQUIRED BY LAW

(P6) I have read (or had read to me) the above explanation of the Commission's preliminary interview procedure, and I fully understand my legal rights under that procedure. (Initial one of the choices below:)

(A) P6 I WISH TO PROCEED WITH MY PRELIMINARY INTERVIEW AT THIS TIME.

(B) I REQUEST A POSTPONEMENT (NOT TO EXCEED THIRTY DAYS) OF MY PRELIMINARY INTERVIEW IN ORDER TO OBTAIN AN ATTORNEY AND/OR WITNESS(ES).

I request the following adverse witnesses:

Phil Garrett
(Signature of Parolee/Mandatory Releasee)

36377-136
(Register Number)

[Redacted Signature]
(Signature of Interviewing Officer)

4-13-93
(Date)

REDACTED

(B)(6)(B)(7)(c)

PART TWO

This part is to be completed at the conclusion of the preliminary interview. The explanation below must be read and acknowledged by the alleged violator, and a copy provided to him.

OPPORTUNITY TO REQUEST A LOCAL OR INSTITUTIONAL REVOCATION HEARING. In the event the Commission orders you to be held for a revocation hearing, the Commission will notify you of its decision and of the place such hearing will be held. The Commission will order your transfer to a Federal institution for this hearing unless you request, by completing this form, that any revocation hearing ordered by the Commission be held locally. The Commission will grant a request for a local revocation hearing if both of the following conditions are met: (a) you were not convicted of an offense while under supervision, and (b) you deny all of the charges against you. In other cases, the Commission will only order a local revocation hearing if it finds good and sufficient cause to do so. In support of any request for a local revocation hearing, you should indicate any witnesses you plan to present at the revocation hearing and any adverse witnesses you wish to appear. Such adverse witnesses will be presented unless good cause is found to deny your request for their appearance. In addition, you may, prior to a local revocation hearing, request that the Commission require the attendance under subpoena of witnesses who have refused to appear voluntarily. Such request will be granted provided you are able to show that the appearance of such witnesses is necessary to the proper disposition of your case, and that their testimony cannot be obtained by documentary means.

Transfer to a Federal institution for a revocation hearing will not alter your right to be represented by a private or Court-appointed attorney, or to present voluntary witnesses or documentary evidence. However, the Commission will not request the presence of adverse or other witnesses at an institutional revocation hearing.

If the Commission orders the holding of a local revocation hearing, such hearing will be held within sixty days of the Commission's order. If the Commission orders your transfer to a Federal institution for a revocation hearing, such hearing will be held within ninety days of the date you were retaken on the Commission's Warrant, barring any delays or postponements you request or agree to.

Initial one of the alternatives below:

- (A) I REQUEST THAT I BE GIVEN A REVOCATION HEARING UPON MY RETURN TO A FEDERAL INSTITUTION, IF I AM NOT ORDERED RELEASED BY THE COMMISSION.
- (B) I REQUEST A LOCAL REVOCATION HEARING, IF I AM NOT ORDERED RELEASED BY THE COMMISSION. MY REASONS FOR REQUESTING A LOCAL HEARING ARE AS FOLLOWS:

I request the following adverse witnesses:

I will present the following voluntary witnesses:

(Instructions: Complete four copies of this form. ORIGINAL to the Commission; COPY to the U.S. Marshal to be delivered to the institution along with the prisoner; COPY to be retained by the Probation Officer, and COPY to be delivered to the prisoner.)

(Signature of Interviewing Officer)

(Signature of Parolee/Mandatory Releasee)

4-14-93

Document No. 54:

Chronological Reports

CHRONOLOGICAL RECORD OF SUPERVISION

REDACTED

(B(5))/(B(7))(c)

DATE	TYPE	
8-30-88	P-OV	PO met with subject and [REDACTED] of ECI, Oakland after his placement. Subject has job promised at a Nursing Home in Pittsburg, CA. He presents a totally new personality and outlook. He was married while incarcerated [REDACTED]. Subject is to be evaluated by ECI's staff before he is allowed work privileges.
9-2-88	C-TC	[REDACTED] of ECI called and related subject's request for a day pass to visit his mother and wife over the long week-end. [REDACTED] stated that he felt comfortable allowing subject the pass, and as a result, PO gave his approval.
9-7-88	P-OV	Subject came to office today and related that the Hospital Administrator [REDACTED] who is hiring subject, is anxious for him to start work as soon as possible. Subject will be assigned to ground maintenance to replace an employee who has given his two weeks notice. Subject is to work at [REDACTED] in Antioch, California. Subject states he has advised [REDACTED] of his instant offense and she remains willing to employ him. Subject is to be advised as to whether he will be allowed to accept this job.
1-8-88	C-CV	Subject showed that he has acquired a driver's licence, [REDACTED] issued 9-6-88 with an expiration date of 11-5-88 (temporary license) and that he has a valid auto, insured and registered for transportation. Subject will be working ground maintenance and that he has advised her of his crime. She stated that she was still willing to hire him.
		PO met at ECI, Oakland with [REDACTED] [REDACTED]
		The Doctor feels that subject is as ready as he ever will be for work and the idea of allowing him to go out for work now, will afford the doctor an opportunity to observe how he interacts with the outside world and what affects will take place.
-12-88	C-TC	PO contacted [REDACTED] and she was advised of the details of subject's offense. The doctor had stated that subject, [REDACTED]. She related that subject started to work today, and she is still pleased. (9/13/88)
10-5-88	C-TC	Sgt. [REDACTED] Antioch PD, [REDACTED] contacted the writer to verify that this office was aware of subject's employment at a nursing home in Antioch. Sgt. [REDACTED] was assured that subject's job was known to us and that his employer is aware of subject's background.
10-14-88	C-CV	PO spoke with [REDACTED] subject's ECI counselor, who agreed that [REDACTED]. He continues his employment at the nursing home in Antioch without incident, and everything appears to be going well at the subject's home. The counselor describes subject's wife [REDACTED]. Counselor is to provide this office with a copy of [REDACTED] evaluation.

CHRONOLOGICAL RECORD OF SUPERVISION
GARRIDO, Phillip Gra

REDACTED

(b)(6)/(b)(7)(C)

DATE	TYPE	
10-18-88	C-TC	Call from Nevada State PO [REDACTED] who advised that subject is under Nevada State Parole for life. His State Reg. Number is: L88-89 163. PO [REDACTED] also advised that the State of California Parole would not take supervision of subject's case because he is under federal supervision. This office was, therefore, asked to provide periodic reports on subject's adjustment and circumstances. A letter is to be forwarded to this office with that request. PO [REDACTED] was given verbal agreement to his request.
10-18-88	Note	It was learned that subject had contacted this writer's SUSPO and advised of some problems he was having with the writer, and SUSPO had arranged to talk with subject, without the writer's knowledge or input. It was later revealed that subject's concern was having to serve the 120 days at ECI. Subject was happy for an early discharge from ECI. A conference was scheduled for meeting with the writer, subject, his ECI counselor, [REDACTED] and SUSPO on Monday, October 24, 1988.
10-24-88	P-OV	With all parties present as identified in 10/18 entry, subject expressed feeling of not being able to talk with PO based on past contact. It eventually became clear that subject's concern centered around PO's statement that subject would serve the full 120 days at ECI. PO attempted to make it clear that the case control remained with his case supervising officer; that any problems are to be presented to same and that subject will be required to stay the full term at ECI.
10-24-88	C-GV	The writer received subject's release plan from subject's counselor, [REDACTED]. His release date was discussed and it was agreed that since subject's release date falls on December 26, the day after Christmas, it will be moved up one week, to the Monday before Christmas (December 19, 1988).
10-24-88	LT	Received [REDACTED] assessment of September 13, 1988, stating that close monitoring is needed in this case. [REDACTED] 10-24-88)
0-25-88	LT	Letter received from [REDACTED] Nevada Supervisor Interstate Services, regarding periodic progress reports in this case. To [REDACTED] with initial progress report. [REDACTED] - 10/26/88)

REDACTED

(B)(5)/(B)(7)(C)

CHRONOLOGICAL RECORD OF SUPERVISION

GARRIDO, Phillip

DATE	TYPE	
11-8-88	HV	PO to Antioch, found subject's mother's address: [REDACTED] Antioch, CA, rather than 2255 as subject thought. No one was home. (94509)
11-8-88	C-EV	Clerk at [REDACTED] advised that Director was not available. No inquiries were made of subject.
11-8-88	C-TC	PO spoke with subject's counselor who related that subject had called ECI as required, prior to PO's call (5:10-15). Subject is now allowed to go home from work and maintain contact with ECI by phone.
11-9-88	C-TC	Mother called in response to note appointment at her home on Monday, 11/14 at 4:00 p.m., set.
11-18-88	C-TC	The victim of subject's rape called to inquire about subject's status. She saw an individual hanging around (about 4 - 5 p.m.) her office building that she thought was the subject. She expressed fear and concern that subject would find her. Victim had also called ECI (sighted on 11/8 at 4 - 5 p.m.). PO contacted [REDACTED] where subject is employed. She checked subject's time card which showed that he worked on 11/8 from 7:00 to 3:30 and he was called back to work at 6:00 and remained to 7:30 p.m. [REDACTED] - 11/16/88)
11-19-88	C-T	PO on this date spoke with subject's counselor at ECI and it was suggested that subject's monitoring could be increased and the possibility of electronic monitoring has been discussed when subject leaves the program. PO is of the opinion that to subject this individual to electronic monitoring would be too much of a hassle, based [REDACTED] or concerns of the victim when all indications point to the fact that subject was no where near the victim's workplace. This will be discussed at a future date with the staff of ECI, including [REDACTED] [REDACTED] - 12/9/88)
12-9-88	C-CV	Victim of subject's offense viewed picture of subject to be positive that the individual she encountered while working was not subject. Victim stated that there was a great similarity, but it was not the subject she saw.
12-13-88	C-CV	PO met with ECI psychiatrist, [REDACTED] at ECI, Oakland. The doctor feels that subject has made progress during his counseling but subject recommends follow-up counseling after subject is discharged from their facility and he is willing to do the follow up. His fee is [REDACTED] PO to advise doctor. [REDACTED] - 12/28/88)
12-19-88	P-OV	Subject to office with Notice of Release, showing that he was released from ECI, Oakland, on Friday, December 16, 1988. Subject reports no change in his situation at home or work. He was informed that [REDACTED] is being contracted to continue subject's counseling. [REDACTED] - 12/18/88)

REDACTED

(B)(6)/(B)(7)(C)

CHRONOLOGICAL RECORD OF SUPERVISION

GARRIDO, Phillip Craig

DATE	TYPE	
12-28-88	P-CV	Subject seen at [REDACTED] where he works. He reported having no problems since his release from ECI. His home life and employment continues to be stable. The Director was not available.
	C-T	[REDACTED] Acting Deputy Chief, District of Nevada, Reno, was contacted reference subject's transfer. He stated that subject was released to this District, rather than transferred. He is to check his files and send the necessary data for the opening of case in this District. [REDACTED] - 12-30-88)
2-24-89	P-OV	Subject very happy with adjustment at home and on his job. He was voted "King of the Day" by co-workers for Valentine's Day. When talking about his adjustment, [REDACTED]
		The counseling sessions have not started. According to our contact person (Sr. USPO [REDACTED]), the contractual arrangements are now waiting for a response from Washington, D. C. Subject stated he has had no distress from the lack of counseling.
	NOTE	Referred to [REDACTED] for counseling. Contract with [REDACTED] not approved.
3-28-89	P-T	From subject, routine call. Advised he met with [REDACTED] and counseling to begin.
		Related praise received on job - high-lighted co-workers' and employees' regard for him and his work. [REDACTED]
4-24-89	C-T	

REDACTED

(B)(6)/(B)(7)(C)

GARRIDO, PHILLIP

CHRONOLOGICAL RECORD OF SUPERVISION

(FILE MEMO)

DATE

TYPE

7-18-89

~~REDACTED~~

(6)
(2)

REDACTED

CHRONO RECORD

NAME: 3671000 (B)(6)/(B)(7)(c) SUPERVISION LEVEL: _____ OFFICER: [REDACTED]

(Problem Codes)

PROBLEMS IDENTIFIED

NO = None
 SB = Substance Abuse
 EM = Employment Needs
 FI = Financial
 DO = Domestic
 CO = Counseling
 ED = Education/Vocational
 MS = Monitoring/Surveillance Only
 AS = Associations

OTHER = _____

Date	Contact Code	Problem Code (+/-)	Person Contacted	BRIEF: Comments/Instructions to Subject (Observations)	USPO Initials
------	--------------	--------------------	------------------	--	---------------

4/7/89	LTC	[REDACTED]	[REDACTED]		[REDACTED]

6-13-89	P.C.V	NO	SUBS	seen at job. [REDACTED]	
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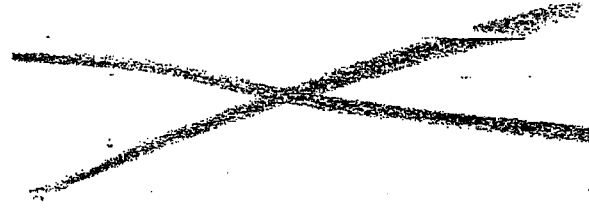
				[REDACTED] NO PROBLEMS	
--	--	--	--	------------------------	--

				ON JOB OR AT HOME	
--	--	--	--	-------------------	--

6-20-89	P.H.V	NO	SUBS + MOTHER	Revealed interest and involvement in music. Presentation at business lunch in Brentwood	[REDACTED]
---------	-------	----	---------------	---	------------

				Mother very happy with adjustment - Has little contact with people outside of family	
--	--	--	--	--	--

7-18-89	CDL	-ms	[REDACTED]	see File Memo	
---------	-----	-----	------------	---------------	--

8-1-89	COU	-ms	[REDACTED]		
--------	-----	-----	------------	--	--

					[REDACTED]
--	--	--	--	--	------------

CHRONO

NAME: Garrido, Phil.

SUPERVISION LEVEL: _____

OFFICER: [REDACTED]

REDACTED

(B(6))/(B(7)(c))

(Problem Codes)

PROBLEMS IDENTIFIED

NO = None

FI = Financial

ED = Education/Vocational

SB = Substance Abuse

DO = Domestic

MS = Monitoring/Surveillance Only

EM = Employment Needs

CO = Counseling

AS = Associates

OTHER = _____

DATE	CONTACT CODE	PROBLEMS CODE	PERSON CONTACT	BRIEFLY...Comments/Instructions and Observations	PO INIT.
8-10	PTC	-ms	subj.	OW. set for monday The 14th @ 1:00 PM no problems reported.	[REDACTED]
8-10	Note			Case file received this month with from Transferring Dist. first-class and plan done.	[REDACTED]
8-10	LTC	ms	[REDACTED]	SEEN BY [REDACTED] 8/9 - MAY BENEFIT FROM [REDACTED] FEELS THAT COUNSELOR'S APPROACH IS RIGHT	[REDACTED]
8-14/89	POV	+ms	SUBS	ROUTINE VISIT - SIGNED RELEASE FOR HSP [REDACTED] - WAS NOT ABUSED OF ANY PROBLEMS - SUBS WAS TOLD OF STATE REQUIREMENTS THAT HE REGISTER WITH LOCAL AUTHORITIES AND THAT HE WOULD BE TESTED FOR [REDACTED]	[REDACTED]
8-16	POV	+ms	Subj.	Subj and mother at home - wife working late - mother attested to	[REDACTED]
				[REDACTED]	[REDACTED]
8-22	CTC		[REDACTED]	[REDACTED]	[REDACTED]
8-23	PTC		subj.	advised that he has bought a new car - 89 Dodge family talking about travel to Lake Tahoe - no definite plans yet. wants to talk to mother about travel	[REDACTED]
8-23	OCU		[REDACTED]	Long discussion relative to subj's current Believe he is close to [REDACTED]	[REDACTED]
				[REDACTED]	[REDACTED]
8-25	CTC	+ms	[REDACTED]	[REDACTED] Session w wife Mon	[REDACTED]

REDACTED

(B(6))/(B(7)(C))

CHRONO RECORD

NAME: GARRIDO, PHILLIP

SUPERVISION LEVEL: _____

OFFICER: [REDACTED]

(Problem Codes)

PROBLEMS IDENTIFIED

O = None

B = Substance Abuse

M = Employment Needs

FI = Financial

DO = Domestic

CO = Counseling

ED = Education/Vocational

MS = Monitoring/Surveillance Only

AS = Associations

OTHER = _____

Date	Contact Code	Problem Code	Person Contacted	BRIEF: Comments/Instructions to Subject (Observations)	USPO Initials
3/31/89	LTC	TCO	[REDACTED]	WIFE WAS SEEN [REDACTED] [REDACTED]	
					[REDACTED]
					[REDACTED]
9-5-89	PCU	+ms	Subj,	[REDACTED]	[REDACTED]
					[REDACTED]
9-12-89	PTC	+ms	Subj,	mess. from P.O. [REDACTED] That Subj. had called w a problem relative to auto dealership	[REDACTED]
1-13-89	PTC	+ms	Subj,	Subj. reported to DMV in Vallejo that [REDACTED] was disconnecting speedometers on his dump cars	
				Subj. concerned as to if he had done the right thing - He was assured that he had.	[REDACTED]
1-20-89	CTC	+ms	[REDACTED]	[REDACTED]	[REDACTED]


REDACTED

(E)(6)(B)(7)(C)

CHRONO RECORD

AME: Garrido, Phillip

SUPERVISION LEVEL: _____

OFFICER: 

(Problem Codes)

PROBLEMS IDENTIFIED

O = None

B = Substance Abuse

M = Employment Needs

FI = Financial

DO = Domestic





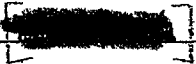






CO = Counseling

ED = Education/Vocational

MS = Monitoring/Surveillance Onl

AS = Associations

OTHER = _____

Date	Contact Code	Problem Code	Person Contacted	BRIEF: Comments/Instructions to Subject (Observations)	USPO Initials
7-20-89	CON'T			_____	
				Surprise Test is planned w/in wk	
9-26-89	PTC	-ms	Counselor Subj.	_____	
				Nursing home Dir. has been calling to discuss subj's counseling.	
9-26	CTC	-ms		Nursing Home Dir. contacted at  Face to Face appt set for	
				9-28 at 9:30 A ST. Home Antioch	
9-28	CCU	-ms		_____	
				_____	
				Subj. is to be taken by the director. Her concern is for the business but she stated that she would like to keep	
				Subj. as an employee - He does good work.	

REDACTED

(B)(5)/(B)(7)(C)

CHRONO RECORD

AHE: Garrido, Phillip

SUPERVISION LEVEL: _____

OFFICER: _____

(Problem Codes)

PROBLEMS IDENTIFIED

O = None

B = Substance Abuse

M = Employment Needs

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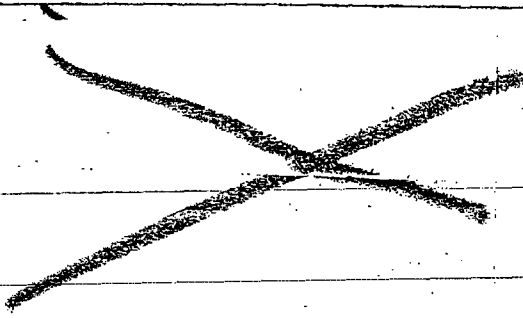
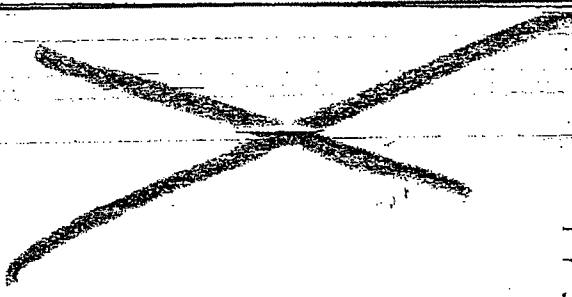
CO = Counseling

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AS = Associations

THER = _____

Date	Contact Code	Problem Code	Person Contacted	BRIEF Comments/Instructions to Subject (Observations)	USPO Initials
1-28-89	CCU	+ms	wife	seen at employment - she stated that everything was good and reported no problems. Subj. had gone to the hardware store	[REDACTED]
					[REDACTED]
10-5-89	CTC	-ms	[REDACTED]		[REDACTED]
					[REDACTED]
					[REDACTED]
10-10-89	CTC	-ms	[REDACTED]		[REDACTED]
					[REDACTED]
					[REDACTED]
12/1/89	PHV	-ms	Subj.		

REDACTED

(E)(5)/(E)(7)(C)

CHRONO SHEET

PROB./PAROLEE PHILLIP GARRIDO

P.O. [REDACTED]
Case # [REDACTED]

1/12/90

Office Visit ☐ Phoned ☐ Field visit ☐ Collateral contact ☐ phone X
NEXT APPT. ☐ Paym't \$ ☐ UA/Breath pos. ☐ HRs current ☐

P.O. was contacted by subject's counselor, [REDACTED] who advised that a female subject had hired at the nursing home, [REDACTED]

[REDACTED] No other details were available other than the fact that the girl was hired [REDACTED]

1/23/90

Office Visit ☐ Phoned ☐ Field visit ☐ Collateral contact ☐ community visit
NEXT APPT. ☐ Paym't \$ ☐ UA/Breath pos. ☐ HRs current ☐

PO on the date made contact with subject's wife at their place of employment.

She advised that subject had gone to the hardware store. She further advised that the incident with the person that quit her job [REDACTED] was all a bad misunderstanding. She basically stated that the situation had been settled and squared away by Phillip and the director of the home. She advised of no other problems.

1/23/90

Office Visit ☐ Phoned ☐ Field visit ☐ Collateral contact ☐ community visit
NEXT APPT. ☐ Paym't \$ ☐ UA/Breath pos. ☐ HRs current ☐

PO made contact with subject's counselor in Antioch, CA. She related that she understood that the incident had been cleared up [REDACTED] However, she feels that he is beginning to open-up [REDACTED]

Office Visit ☐ Phoned ☐ Field visit ☐ Collateral contact ☐
NEXT APPT. ☐ Paym't \$ ☐ UA/Breath pos. ☐ HRs current ☐

1/24/90

Office Visit ☐ Phoned ☐ Field visit ☐ Collateral contact ☐
NEXT APPT. ☐ Paym't \$ ☐ UA/Breath pos. ☐ HRs current ☐

PO again made contact at the nursing home where subject is employed. Subject nor his wife were on the job on this date. The clerk was unaware as to their whereabouts. A check at the subject's home failed to produce contact.

REDACTED

(B)(6)/(B)(7)(C)

CHRONO SHEET

PROB./PAROLEE PHILLIP GARRIDO

P.O. [REDACTED]

Case #

2/5 90

☒ Office Visit ☐ Phoned ☐ Field visit ☐ Collateral contact
NEXT APPT. Paym't \$ UA/Breath pos. HRs current

After missing one appointment and reporting to the office on a day that
PO was not in, subject was seen by PO in the office. He advised the details
of the incident.

He stated that no other problems
arosed from this incident. [REDACTED]

☐ Office Visit ☐ Phoned ☐ Field visit ☐ Collateral contact
NEXT APPT. Paym't \$ UA/Breath pos. HRs current

he is to start looking for other employment. Subject indicated
that everything was well. [REDACTED]

☐ Office Visit ☐ Phoned ☐ Field visit ☐ Collateral contact
NEXT APPT. Paym't \$ UA/Breath pos. HRs current

☐ Office Visit ☐ Phoned ☐ Field visit ☐ Collateral contact
NEXT APPT. Paym't \$ UA/Breath pos. HRs current

☐ Office Visit ☐ Phoned ☐ Field visit ☐ Collateral contact
NEXT APPT. Paym't \$ UA/Breath pos. HRs current

REDACTED

(B(6))/(B(7)(C))

CHRONO SHEET

PROB./PAROLEE GARRIDO, Phillip

P.O. [REDACTED]
Case #

2 / 9 / 90

☒ Office Visit ☐ Phoned ☐ Field visit ☐ Collateral contact
NEXT APPT. Paym't \$ UA/Breath pos. HRS current

Subject reported to the office on this date and requested permission to travel to Bakersfield, CA for an interview for a new job. He advised that the job entailed selling plumbing supplies. He would travel on 2-14 and return on the same day after the interview. Subject also stated that he has another interview involving sells with a

s

 / / ☐ Office Visit ☐ Phoned ☐ Field visit ☐ Collateral contact
NEXT APPT. Paym't \$ UA/Breath pos. HRS current

spring water company, that interview would be held in the Antioch area. In light of the fact that the travel is for employment, and consist of only one day, verbal permission for travel for given. Subject was directed to contact PO on the 15th after he returned from the interview.

 / / ☐ Office Visit ☐ Phoned ☐ Field visit ☐ Collateral contact
NEXT APPT. Paym't \$ UA/Breath pos. HRS current

 / / ☐ Office Visit ☐ Phoned ☐ Field visit ☐ Collateral contact
NEXT APPT. Paym't \$ UA/Breath pos. HRS current

 / / ☐ Office Visit ☐ Phoned ☐ Field visit ☐ Collateral contact
NEXT APPT. Paym't \$ UA/Breath pos. HRS current

REDACTED

(B(6))/(B(7))(C)

CHRONO SHEET

PROB./PAROLEE GARRIDO, Phillip

P.O.
Case #

2/ 20/ 90

☐ Office Visit ☐ Phoned ☐ Field visit ☐ Collateral contact phone
NEXT APPT. _____ Paym't \$ _____ UA/Breath pos. _____ MRs current _____

subject is psycholocially stable at this point. However, subject's

3/ 4/ 90

☐ Office Visit ☐ Phoned ☐ Field visit ☐ Collateral contact _____
NEXT APPT. _____ Paym't \$ _____ UA/Breath pos. _____ MRs current _____

progress remains guarded.

2/ 22/ 90

☐ Office Visit ☒ Phoned ☐ Field visit ☐ Collateral contact _____
NEXT APPT. _____ Paym't \$ _____ UA/Breath pos. _____ MRs current _____

Subject contacted P.O. on this date and advised that he is now in training with [REDACTED] for position as a salesman. Subject will be selling to basically to homeowners with appointment being arranged for him in the evening and the afternoon. He advised that the company is located at [REDACTED]

[REDACTED] Subject stated that he has not quite his job at the nursing home yet, however, he has taken comp time for the training. Subject

☐ Office Visit ☐ Phoned ☐ Field visit ☐ Collateral contact _____
NEXT APPT. _____ Paym't \$ _____ UA/Breath pos. _____ MRs current _____

was directed to report to the Probation Office on Thursday, 3-1-90.

No other problems were reported.

3/ 2/ 90

☒ Office Visit ☐ Phoned ☐ Field visit ☐ Collateral contact _____
NEXT APPT. _____ Paym't \$ _____ UA/Breath pos. _____ MRs current _____

Subject reported to the office on this date and he stated that his training is scheduled to be completed on 3-9-90 and he is to start selling the following day on a Saturday. Subject further advised that he has experienced no problems [REDACTED]

REDACTED

(B(6))/(B(7)(c))

CHRONO SHEET

PROB./PAROLEE PHILLIP GARRIDO
Cont'd

P.O.
Case # _____

3 / 2 / 90

☒ Office Visit ☐ Phoned ☐ Field visit ☐ Collateral contact
NEXT APPT. _____ Paym't \$ _____ UA/Breath pos. _____ HRS current _____

_____. Subject was at this time
questioned concerning whether or not he actually registered as required
by the State, he confirmed that he did register. He was further advised
that between this date and March 9, he is to inform his respective

n

_____. Office Visit ☐ Phoned ☐ Field visit ☐ Collateral contact
NEXT APPT. _____ Paym't \$ _____ UA/Breath pos. _____ HRS current _____

new employer of his current legal situation and that he is on parole
for kidnap and rape. Subject is to make contact with PO on Friday,
March 9, to confirm that this revelation has been made.

_____. Office Visit ☐ Phoned ☐ Field visit ☐ Collateral contact
NEXT APPT. _____ Paym't \$ _____ UA/Breath pos. _____ HRS current _____

_____. Office Visit ☐ Phoned ☐ Field visit ☐ Collateral contact
NEXT APPT. _____ Paym't \$ _____ UA/Breath pos. _____ HRS current _____

_____. Office Visit ☐ Phoned ☐ Field visit ☐ Collateral contact
NEXT APPT. _____ Paym't \$ _____ UA/Breath pos. _____ HRS current _____

REDACTED

(B)(6)/(B)(7)(C)

CHRONOLOGICAL RECORD OF SUPERVISION

CARRIDO, Phillip

DATE	TYPE	
7-10-90	P-CV	PO met with subject and his counselor, [REDACTED] in Walnut Creek. It was confirmed that subject's sales job with the [REDACTED] was terminated somewhere around 6-8-90 by a copy of his last paycheck. Subject related that he has been working part-time with the [REDACTED] and he substantiated this with a paycheck that was dated from 6-16 to 6-30-90 for a total income [REDACTED]. He advised that he has a job interview this afternoon that involved the sale of healthcare products. He knows nothing of the details of the job at this point. Subject is however convinced that sales is where he can make a good income. He feels very confident that he is suited for sales. It was also revealed that
		Subject was directed to maintain contact with PO and to keep his officer advised as to his home and employment situation. [REDACTED]
7-19-90	C-T	On this date [REDACTED] subjects counselor, contacted PO and advised [REDACTED]. She is unsure of the implication here and she will get back with PO after she has an opportunity to discuss this with subject.
7-20-90	P-TC	[REDACTED] contacted PO on this date and advised [REDACTED].
		There was no mention of the job interview that subject was to be having prior to his meeting with PO and his counselor. [REDACTED]

REDACTED

(B)(6)/(B)(7)(C)

CHRONOLOGICAL RECORD OF SUPERVISION

Garrido, Phillip

DATE

TYPE

7-26-90

C-T

[REDACTED] in Walnut Creek advised that the subject has been found to be a [REDACTED] He has secured another job selling beauty cream called [REDACTED] She advised the subject went with her today and he does not appear too upset [REDACTED]

REDACTED

(b)(6)/(b)(7)(c)

CHRONOLOGICAL RECORD OF SUPERVISION

GARRIDO, PHILLIP

DATE TYPE

8-13-90

PTC

Subj related that he is now working a sales person for [REDACTED]. This position is similar the pyramid structure of Am-Way. Subj is selling health products door to door. But he states that he does not need a license. His sponsor is [REDACTED].

Subj relates that he has advised his sponsor of his parole situation and offense and that he will probably be contacted.

No other problems were reported.

8-15-90

CTC

8-22-90

CTC

This is an exception to her latest directive relative to the budget situation at this time but she feels that this is an exceptional case and the danger to the community should be the ruling factor. The writer concurs.

10-3-90

C-CV

Counselor [REDACTED] related that subj is doing well and there have been no problems presented during this period. He continues to abstain from the use of drugs and appears to be working out his [REDACTED].

11-2-90

C-TC

The supervisor at the [REDACTED] reported that subj is no longer working for the nursing home but employees have reported to the supervisor that subj has contacted them at the facility looking for [REDACTED]. The supervisor did not have the same strength of conviction relative to her

REDACTED

(E)(6)(B)(7)(C)

CHRONOLOGICAL RECORD OF SUPERVISION

DATE	TYPE	
11-2-90	CONT'D	support of subj that she displayed during earlier contacts with her. [REDACTED]. She is now working as a nurse's aide in one of the other facilities owned by the nursing home.

11-2-90	TC	Repeated efforts to contact someone at subj's home by telephone have been unsuccessful.
---------	----	---

REDACTED

(E(5)/(B(7)(c)

Garrido, Phillip

- 1-30-91 P.O/V. Subj. came in for first visit with wife Nancy. He displayed an attitude of complete compliance that did not seem honest. It was almost as if he was putting an act. Says he has no problems whatsoever. Wife agreed. Has grand plan to embark on a seminar making career. I told him I wanted to see him on weekly basis [REDACTED]
- 2-6-91 P.O/V. Subj. came in. I was out to court and didn't make it back in time to see subj. [REDACTED]
- 2-7-91 T/C. [REDACTED]
- 2-15-91 P.O/V. Came in with wife. Says he was upset that I thought things might not be going as well as he makes them appear. I told him that I just want to make sure that things are going well and that I would see him every two weeks instead of every week. Once again his wife is almost totally silent. This is a [REDACTED] I have an uneasy feeling with this guy. Everything he says seems to be an act. I'll need to see him at home. [REDACTED]
- 2-27-91 T. Can't make it because he injured his back. Will come back next week. [REDACTED]
- 3-5-91 P.O/V. Came in one early. PO wasn't in the office so subj. met w/ [REDACTED]. Reported no problems. [REDACTED]
- 4-8-91 T/C. Spoke to [REDACTED] Subj. seems to be doing fine. Reports for [REDACTED] as directed and no recent problems have surfaced. [REDACTED]
- 4-23-91 T. Subj says things are going great. He's anxious for me to make a home visit so he can show me what he's up to. He reports no problems. I told him I might be able to get out to his home w/in two weeks. If not, he's to call me on May 5th. [REDACTED]
- 5-5-91 T. Subj. called. Left message.
- 5-8-91 T. To subj. Set up appt. at his home next week. [REDACTED]
- 5-15-91 P.H/V. Met w/ subj. and his wife at their home. They seemed ok when I got there but as soon as he began to talk about his recently deceased grandmother [REDACTED] Just as quickly, he composed himself and went on as though nothing had happened. They took me on a tour of the place, showing his cordoning studio which although small is very well equipped. Apparently got lots of help from his mother. Right now he is working for his mother, helping her w/ her rental properties.

REDACTED

He still talks a lot about his upcoming business selling programs designed to help individuals become more self controlling in their endeavors. I don't think he will ever get into any type of business [REDACTED]. Everything looks ok for the present. Will see again in about 4 weeks. [REDACTED]

6-19-91 P.O/V. W/ wife. No major changes. He has been seeing [REDACTED] weekly. A lot of complex issue w/ this case but things continue to go well. He talked about the way he met Nancy and their life together. He seems committed to their relationship. Will return next mo. [REDACTED]

6-20-91 T/C. Call to [REDACTED]. All seems to be going as well as expected. Subj. and wife have [REDACTED] they are continuing to work on them. She see them every week. [REDACTED]

7-24-91 P. O/V. W/ wife. All continues about the same. We discussed [REDACTED]. Talked about [REDACTED]. He seems to has some insight into the problem. Nancy's mo. is coming out next week. Nancy was [REDACTED]

[REDACTED] They are going to discuss this in much more detail w/[REDACTED] today. Will O/V again in 2 weeks. [REDACTED]

8-7-91 P. O/V. [REDACTED] I agree. Situation w/ Nancy's mo. went ok. She was w/ them for 5 days. The past problems were not touched on. HE missed [REDACTED] Nancy's nephew also stayed w/ them for a few days. [REDACTED] but everything went ok w/ him as well. Still working for his mo. Nothing new on the other project. [REDACTED]

8-14-91 T/C. [REDACTED] Subj. keeping is regula contact. No new problems. He seems to be doing ok. [REDACTED]

REDACTED

(B)(6)(B)(7)(C)

10-3-91 P.O/V. CAME in w/ Nancy. Business has gotten off the ground. He has made tentative deals w/ various companies. He seems excited and so does Nancy. He wants me to see him give his presentation sometime. Things look pretty good at this time. He cont. his sessions w/ [REDACTED]. Will report again in 4 weeks. [REDACTED]

11-1-91 T/C. Call from [REDACTED]

11-5-91 P.O/V. Car problems. Missed [REDACTED] last week. He didn't call [REDACTED]. Says that [REDACTED] recommends another month [REDACTED]. He acknowledges responsibility but feels that he had been terminated from [REDACTED]. Has two presentations lined up for next mo. Everything else seems to be ok. Subj. wants to cont. w/ [REDACTED] for a while. Doesn't need to seen as often. Wife Nancy feels that things are going ok. His presentations next mo. One at Kaiser Perm Hosp. for their employees. The other is w/ a Woman's Auxiliary Club in Antioch. These are not for pay but for promotional purposes only. HE feels confident that these will lead to real jobs. [REDACTED]

12-13-91 P.H/V. Dropped by subj.'s home. nancy was leaving for work and Subj. had to take her so contact was short. He says everything is going on sched. He hopes to be in full swing soon w/ his new bus. I told him that I was getting the feeling that this is all a pipe dream. He dsays he understands why I would feel that way, but that he is serious about doing well in thsi venture. Everything else looks ok. nancy as cheerful as ever. Will see after the holidays. [REDACTED]

2-7-92 P.O/V. Feels that everything is going ok. Has found new confidence. Feels that he is continuing to grow. All of a sudden things are moving forward. In the next two months he will present a plan for his business. I have no idea what his guy is talking about but he seems to think that his life is going on in a pos. direction. I told him that we have all of this before but he says this is different. I doubt it. But he has remained out of difficulty and this may be all we can hope for. Nancy feels that things are going very well. She feels that [REDACTED] has really helped them thru their problems. Will

REDACTED

(B)(6)(B)(7)(C)

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2-7-92 T/C. Call to [REDACTED] REAL CONCERN OVER SUBJ. Demeanor. he MISSED LAST APPT. He may need a [REDACTED] check. He sounds a little [REDACTED] She'll see him next week. [REDACTED]

2-19-92 T. [REDACTED] She discussed case w/ [REDACTED] and he's going to sched. reevaluation for review of [REDACTED]

REDACTED

(S(6)A(8)(7)(c)

see next mo. [REDACTED]

2-7-92 T/C. Call to [REDACTED] REAL CONCERN OVER SUBJ. DEMEANOR. he MISSED LAST APPT. He may need a [REDACTED] check. He sounds a little [REDACTED] She'll see him next week. [REDACTED]

2-19-92 T. [REDACTED] She discussed case w/ [REDACTED] and he's going to sched. reevaluation for review off [REDACTED]

2-26-92 T. Call from Nancy. Request appt be moved to next week. OK. [REDACTED]

3-4-92 T. Subj. left mess. that he can't come in today. [REDACTED]

REDACTED

(B)(6)/(B)(7)(C)

1-15-93 P.O/V. Reports that everything is essentially the same. Reports that he is continuing to work on his motivational psych. business. He really thinks this is for real. Nancy the same as always, agreeing w/ everything he does. Has been seeing [REDACTED]. Will come in in two weeks. [REDACTED]

1-27-93 Reports that everything is going ok. No real changes. Seeing [REDACTED].

2-10-93 FTA

2-11-93 Attempted H/V. No answer [REDACTED]

2-19-93 FTA.

2-23-93 Attempted HV. No answer. [REDACTED]

2-24-93 T. Will meet at Walnut Creek Office on Frid. [REDACTED]

2-26-93 On arrival at Walnut Creek found mess. that Subj would not be able to make it. [REDACTED]

2-26-93 T. Told subj to meet at W.C. office on 3-1-93. [REDACTED]

3-1-93. On arrival found mess. from subj that he can't make it. I called subj. and told him to be at office at 2pm. [REDACTED]

3-1-93 P.O/V. Met w/ subj and [REDACTED] at WC office. We met for about 2 hrs. during which it was explained very clearly to subj that he had to keep all future appts. or consequences would be severe. He talked about fear of PO. I told him that was not a reason not to keep appts. He indicated his understanding. [REDACTED] made an appt w/ subj on 3-5 and I told him to come in every other Wednes. starting 3-10-93. [REDACTED]

3-5-93. T/C. [REDACTED] Subj missed [REDACTED] and appt. w/ her on 3-5-93. She hasn't been able to get through to him by phone. [REDACTED]

3-10-93 FTA.

3-11-93 Attempted HV. No answer. [REDACTED]

3-15-93 Staffed case. Decided to report to P. Comm. [REDACTED]

3-18-93 Warrant issued.

REDACTED

(B)(6) (B)(7)(c)

C1

4-1-93 Subj arrested by US Marshall. [REDACTED]

REDACTED

(b)(6)/(b)(7)(c)

Chronological Record of Supervision

GARRIDO, PHILLIP

DATE	TYPE	
6-23-93	P-OV	Cleared up misunderstanding re instructions. Didn't get job at nursery because they wanted him on cash register. He's hoping to get on at Home Depot. No major problems at this time. Car situation OK. Nancy as CWA on call. Mother is helping out. I told subject that he has to do it himself. Getting started on garage sale. EMP OK'd. Subject participating in garage sale. [REDACTED]
6-30-93	P-OV	With wife. Possible job as landscaper. Seems excited about prospect. All else about the same. Seeing [REDACTED] weekly. Got \$43 parking ticket when he reported to EMP. Not happy about that. Otherwise, all OK. Will see 7/7/93. [REDACTED]
7-21-93	P-OV	Nancy and Phillip reported. States he has made progress. Spoke with [REDACTED] It is believed defendant [REDACTED] Defendant also may have a job with [REDACTED] as a delivery driver. They need to contact defendant to confirm employment. Defendant didn't want me to relay the aforementioned information as he wanted to tell you? [REDACTED]
7-28-93		<u>SUMMARY OF EVENTS</u> Subject reported to P.O. [REDACTED] on 7/21/93. He appeared rattled and unsettled. He T/C'd 2 days later saying he was late for his [REDACTED] and missed. I received message from [REDACTED] that when he did [REDACTED] On 7/27/93 he reported to [REDACTED] and was very labile and unsettled. It appears that [REDACTED] Need to keep close watch. Violation is in order if it appears we are losing this guy. Again, potential danger to the community is high. [REDACTED]
8-11-93	P-OV	[REDACTED] This officer was informed by [REDACTED], that the file is in S.F., possibly misplaced. Upon retrieval this officer will review the subject's [REDACTED] If so, refer the matter for violation hearing with the court. Defendant was admonished; he believes [REDACTED]
8-25-93	P-OV	Subject submitted [REDACTED] States his job is going well. Works for [REDACTED] es, 2:30 a.m. to 6:30 a.m. No changes or problems thus far. Defendant felt USPO [REDACTED] was "to cut and dry." This officer advised that it is the Parole Commission that sets the conditions and the standards of compliance. His P.O. is simply acting in accordance with his duties as designated by the U.S. Parole Commission. [REDACTED]
9-10-93	P-OV	Reported at 4:25 p.m. States things are going well. Provided copy of pay stub and an article re his "situation." Also submitted an MR. [REDACTED]
11-27-93	C-T	With [REDACTED] Subject showed 10 minutes late. [REDACTED]

REDACTED

Chronological Record of Supervision

GARRIDO, PHILLIP

DATE	TYPE	
3-11-94	T	Everything is going well. Did injure back and not sure about work. Will OV 3/14 a.m. [REDACTED]
3-16-94	P-OV	With wife. Had been having side effects with [REDACTED]. Says high [REDACTED]
		[REDACTED] Says things are settled more now than ever before. Has started working on self-help program again. [REDACTED] Will continue to work. Paid [REDACTED] biweekly with full paper routes. [REDACTED] Wife still working part time. Mother is living with subject full time. Mother has offered job to subject in real estate, but he doesn't want to. Says the paper business is sufficient. Subject looks much better. Will see subject on biweekly schedule. [REDACTED]
3-28-94	POV	With wife Nancy. Things are working well [REDACTED] Sent in late MRs. Wife feels things are going very well. Says things are more relaxed and he is taking his time in putting things together. Showed PO copy material - he's starting up a business he calls [REDACTED] Goes back to work on 4-15-94. [REDACTED]
		[REDACTED] Would like to find better paying job with benefits. Will return next two weeks. [REDACTED]
4-19-94	C-T	[REDACTED] Looks good overall. [REDACTED]
4-22-94	P-T	Left message on voice mail. Working full time at the nursery. Sometimes 7 days per week. All the work is plant maintenance. No contact with money or with customers. Really likes the job. Can't OV due to schedule. Will call next week to arrange appointment at work. [REDACTED]
5-16-94	P-OV	With wife. Job address: [REDACTED] Nancy's working full time. Feels real progress. [REDACTED] Feels he's becoming less dependent on others. [REDACTED] Job consists of inside/outside garden center. Not working with cash. Very excited over job. [REDACTED] - seeing [REDACTED] regularly. [REDACTED]
6-6-94	P-OV	Reports working still. No problems or concerns. Defendant now making deliveries for nursery in Antioch. Defendant had appointments with the following people: [REDACTED] [REDACTED] No police contact given. [REDACTED] Reports it has improved his life (will see). [REDACTED]

REDACTED

(b)(7)(C)

Chronological Record of Supervision

GARRIDO, PHILLIP

DATE	TYPE	
6-8-94	Attemp. CV	Attempted to see subject at work. Not there. Didn't tell owner who I was. [REDACTED]
7-5-94	P-T	Went in to test today at Walnut Creek office. No male USPO available. Will OV on 7-6-94 in Oakland.
7-6-94	P-OV	Everything appears to be going well. Working M-W-F plus weekends full time, 40 hours. [REDACTED] Much more settled and realistic. Seems to be doing very well. Nancy is working full time. Applied at [REDACTED]. Subject sees [REDACTED] once per week. [REDACTED]
9-7-94	P-OV	Says everything is going OK. Still employed. Says past problems may have been associated [REDACTED]. Says work-home going well. Talks a lot about his past and how far he has come. He certainly does look a lot better. Nancy is going on [REDACTED]. They will see [REDACTED]. Back at [REDACTED] in sound engineering. [REDACTED]
10-25-94		Attempted CV at employment. Spoke to manager who said subject had not been around for weeks.
10-26-94	P-OV	Says manager called him yesterday to tell him PO came by. Said PO did not ID himself. Manager was reluctant to disclose subject's true employment status. Subject showed PO copy of latest check and assured PO that he earned [REDACTED] biweekly. All else going well. [REDACTED] will reduce his visits to 1 every 2 weeks. [REDACTED]
12-13-94	C-CV	Met with [REDACTED]. She feels subject is doing very well. He's still fearful of P.O. and she's working with him on this. [REDACTED]
12-14-94	P-T	Called subject. Instructed him to submit pay statement with MR. Also, he missed appointment on 11/23. Will OV 1/4 at 11 a.m. [REDACTED]
1-4-95	P-OV	Met with subject and wife. Reports everything seems to be OK. Says he hurt [REDACTED] Missed appointment with PO but not with [REDACTED]. Has been ill with a cold as well. Not working as much because of weather. Has worked out a deal with boss to make signs for the business. Feels things are improving slowly. Optimistic, but reality based as opposed to prior unrealistic goals. Will return in 2 weeks. [REDACTED]
1-17-95	C-CV	Meet with [REDACTED]. Subject seems to be doing very well. His ideas are much more reality based. [REDACTED]
1-25-95	P-OV	Subject continues to work part time. Wife working full time. They go for walks in the morning. Lost his dogs but found them several days later. It was a traumatic experience for him. Says it was his fault and he's learned about his own level of responsibility. Going on with rearranging the entrance to the business. Will put up banner this weekend. Getting paid a salary of [REDACTED] per hour. Should get bonus if it works out well. [REDACTED]

REDACTED

(b)(7)(C)

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Chronological Record of Supervision

GARRIDO, PHILLIP

DATE	TYPE	
4-15-95		Received case.
5-1-95	L	Appointment notice sent for 5-17-95 at 3 p.m.
5-2-95	P-HV	Subject not home. When I knocked on the door, there was no answer. I went around to the side of the house to see if there was further indication of someone home, and there was not.
5-2-95	C-CV	Went to defendant's employer, [REDACTED] Spoke with [REDACTED], supervisor. She stated that defendant is off today and running errands.
5-2-95	P-HV	Back to defendant's home. Surveillance conducted and nothing observed.
5-2-95	T-P	Called residence at [REDACTED] and left message to meet with defendant on 5-4-95 at 10 a.m. at residence, which has been scheduled since the defendant is difficult to reach at home.
5-4-95	P-HV	Contacted defendant. He appears to be doing well. I inspected residence, nothing out of the ordinary. Defendant is taking [REDACTED]. Defendant is still seeing [REDACTED] and has an appointment with her today for counseling.
7-26-95	P-OV	Defendant reported. He appears to be doing well. Defendant continues to [REDACTED]
		[REDACTED] There are no changes in defendant's status. Defendant continues to do well. Next appointment 9-20-95 at 4 p.m.
9-20-95	P-OV	Again, defendant reported and appears to be doing well. Defendant is still [REDACTED]. Defendant is contemplating starting a printing business, i.e., wedding invitations, business cards, etc. Defendant purchased a Pac Bell computer for \$2,000. Defendant is to keep this officer informed as to the status of the business and to obtain a business license in Antioch. Defendant was also directed to follow all legal procedures regarding starting a business. Defendant stated that he sees [REDACTED] one time per month. He stated that [REDACTED] said he does not need to see her anymore. I will call [REDACTED] and find out if defendant should be [REDACTED]. Next appointment is 11-1-95 at 4 p.m.
9-20-95	T-C	Inquiry message left on [REDACTED]'s voice mail regarding defendant's [REDACTED] status.
9-25-95	T-C	Message from [REDACTED]. She stated defendant is no longer [REDACTED]. He is stable and she doesn't feel he is a danger to the community. Defendant will still need [REDACTED]. She recommended that he be discontinued [REDACTED].

(b)(7)(C)

REDACTED Chronological Record of Supervision

GARRIDO, PHILLIP

DATE	TYPE	
9-29-95	P-HV	Contacted defendant. Again, he is doing well. He showed this officer the computer he purchased at Montgomery Ward. Defendant's wife and mother were also home. They corroborated the defendant's statement regarding his status. Defendant was advised [REDACTED]
11-8-95	T-P	Defendant called. He reported things are going well. Defendant is seeing [REDACTED] every two weeks. Defendant wants to reschedule his appointment. Left his phone number of [REDACTED]
11-9-95	T-P	Defendant given next P-OV of 12-12-95 at 4 p.m.
11-29-95	P-HV	No one home. Message left for defendant to call.
12-19-95	P-OV	Defendant reported. No problems. Defendant started his business as of 12-5-95. Defendant has a business license with the city of Antioch. Defendant's business name is called [REDACTED]. Defendant has been printing flyers and postcards. Defendant brought samples for this officer to peruse. Defendant also brought in bank statements. Everything appears appropriate. Next appointment 3-27-96. Defendant is still [REDACTED]
2-6-96	P-HV	Inspected residence. Defendant appears stable, with no contraband observed. Defendant is changing the name of his business to [REDACTED]. Defendant again showed this officer samples of the business as well as lists of the various clients. This officer also reviewed the bank statements and everything appears legitimate. Defendant directed to mail copies of bank statements to the probation office. Defendant's wife was working, but his mother was home.
4-4-96	P-OV	Defendant reported and brought in copies of bank account information. Defendant also brought in a seller's permit. Defendant is seeing [REDACTED]. Next appointment is 6-13-96 at 2 p.m.
6-13-96	T-C	Contacted defendant. Appointment at 2 o'clock was cancelled in that this officer has a case emergency where this officer needs to meet with the FBI regarding another defendant. Appointment rescheduled for 6-20-96.
6-20-96	T-P	Defendant contacted this officer and requested permission to reschedule appointment in that his car was having difficulties.
7-3-96	P-OV	Defendant called wishing to rescheduled appointment as he has been sick. This officer just returned from annual leave and has several other case matters to attend to. Appointment rescheduled for 7-12-96 at 10:45 a.m. [REDACTED]

(b)(6)/(b)(7)(c)

Q

OFFICER: [REDACTED]

[illegible]

(S(6)/(S(7)(c))

USPO#

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██████████ PITTSBURG PD, CALLS. I RETURNED CALL AT ██████████
HE TOOK D NAME ADDRESS, DESCRIPTION. I ADVISED OF MY POV ON 11/18
AND INSTANT OFFENSE. HE SAID HE WILL HAVE SOMEONE CALL ME
TOMORROW.

REDACTED

(B)(6)/(B)(7)(c)

USPO-
GARRIDO, P

Chronological Record of Supervision

DATE

TYPE

11-23-98

CV

I WAS PAGED BY PITTSBURG POLICE DET. [REDACTED] THEY REQUESTED I COME TO THE STATION REGARDING PAROLEE GARRIDO. I MET WITH A NUMBER OF DETECTIVES AND PROVIDED INFORMATION ON D, AS HE MAY BE A SUSPECT. D HAS COMMITTED SIMILAR OFFENSES IN THE PAST. THEY

SHOWED ME A PHOTO OF THE SUSPECT THAT WAS DESCRIBED BY A WITNESS, IT DIDN'T MATCH D DESCRIPTION. I ARRANGED FOR DET [REDACTED] TO VIEW THE FILE TODAY. POLICE WILL KEEP ME POSTED ON ANY DEVELOPMENTS.

11-23-98

T-C

CALL FROM [REDACTED] HE SAYS HE SAW D ON 11-6-98. D [REDACTED] D APPEARS STABLE. D IS FOCUSED ON PRINTING BUSINESS. D APPEARS HAPPY WITH HIS LIFE. [REDACTED]

1

DATE	TYPE	
2-5-99	T-C	DET. [REDACTED] PITTSBURG POLICE ADVISED D IS NOT A SUSPECT IN THE RECENT STRING OF KIDNAPINGS AND MURDERS THAT HAVE OCCURRED. THIS CALL WAS RECEIVED FOLLOWING NY INQUIRE WITH PITTSBURG POLICE RE. D SUSPECT STATUS IN THE ABOVE CASE. [DET. [REDACTED]]
4-19-99	HV	D NOT HOME INTERVIEWED MS. GARRIDO, D MOTHER. SHE ADVISED D IS WORKING AND WON'T BE HOME FOR A FEW HOURS. SHE REPORTS D CONTINUES TO IMPROVE AND IS DOING WELL. SHE WAS GIVEN A POV NOTICE FOR D TO REPORT ON 5-11-99@2:00PM.
5-3-99	L	RECEIVED THIS DATE A TERMINATION NOTICE FROM USPC DISCHARGING D FROM PAROLE EFFECTIVE 3-9-99.
5-3-99	CLOSE	CLOSING CHRONO:
		ON 5-3-99 I RECEIVED A DISCHARGE CERTIFICATE FROM THE USPC TERMINATING PAROLE SUCCESSFULLY EFFECTIVE 3-9-99. D HAS BEEN COMPLIANT ON SUPERVISION WHILE ASSIGNED TO THIS OFFICER ON 4-6-95. D HAS PARTICIPATED [REDACTED] WHICH HAS CHANGED D WAY OF THINKING. [REDACTED]
		[REDACTED] D APPEARS TO BE LIVING A POSITIVE LIFESTYLE. DURING A RECENT KIDNAPING PITTSBURG P.D. WAS ALERTED TO D PRIOR RECORD AS IT WAS SIMILAR TO THE ABOVE OFFENSE. D WAS CLEARED BY PITTSBURG POLICE OF BEING A SUSPECT. FURTHERMORE THE DESCRIPTION OF THE SUSPECT DOESN'T MATCH WITH D DESCRIPTION. ALL CANTEENS HAVE BEEN SATISFIED AND EXPIRES SUCCESSFULLY.
		[REDACTED]

REDACTED

(b)(6)/(b)(7)(C)

Chronos / Client History

Back to Chrono



Mr. Phillip Craig Garido (000711)

☐ Exclude Admin ☒ Expand Text

Date from

to

☒ Advanced Filtering

Go

Add New Chrono

Date Description

08/28/2009 Post Conviction: GEN-STAFF

Entry in chronos at 11:00 by [REDACTED] Issue driven staffing with SUSPO [REDACTED] re the case, the news reports, and the crim record check. O had no new conviction listed. 1999 O reg per 290 PC; as it appears he was on CDC parole for the Nevada State Rape Conviction which occurred during the 1977 instant federal offense, which was kidnapping. The O was paroled from Lompoc 1988 according to CLETS.

08/28/2009 Post Conviction: D

Entry in chronos at 10:21 by [REDACTED] Ran CLETS for [REDACTED]

08/28/2009 Post Conviction: GEN-STAFF, OTHER

Entry in chronos at 07:30 by [REDACTED] Issue driven staffing with DCUSPO [REDACTED] re this case. I advised of what I recalled. The file has been ordered from FRC. The media coverage continues to grow in this case. DCUSPO [REDACTED] advised that FBI Agt [REDACTED] may be contacting me. DCUSPO [REDACTED] requested a crim record check to determine what other offenses may have occurred, and if O was on dual supervision. It should be noted that Court jurisdiction was out of the D/NV.

08/28/2009 Post Conviction: CT

Entry in chronos by [REDACTED] Telephone contact made with [REDACTED] He stated that he is an attorney in Sacramento, his office number is [REDACTED] he is now a private attorney. He and some other people are following the case. He wants to see if the Northern District was supervising him. He is trying to piece together what was going on with his supervision. Told him that he would have to contact a deputy chief in SF, provided front desk number.

08/27/2009 Post Conviction: OTHER

Entry in chronos by [REDACTED] I heard several news reports on the O being arrested for kidnapping and Rape on 8-26-2009. Apparently, O abducted an 11 year old in El Dorado, CA, sometime in 1989, and kept her hostage. O then fathered two children with the victim. O was arrested at the CDC state parole office in Concord. It appears O was on CDC Parole. I called SUSPO [REDACTED] to report the notoriety in this case.

07/02/2009 Post Conviction: PT, GEN-STAFF

Entry in chronos by [REDACTED] Telephone contact with offender following a vamil he left on 6-26-09 while I was on leave. O left his call back [REDACTED] O was thankful of the help I provided. O stated he has a "incorporation" a church. O then said he has a program to help inmates. O wanted to meet with me to share it. I explained to O we no longer have jurisd. in his case. O then said he does not want any favors only perhaps who he should talk to re his program. O then said maybe I will wait until [REDACTED] returns and talk to her. I asked O why [REDACTED] he stated he wants to show how he can have appropriate contact. O stated he is still in therapy. I advised O it would not be appropriate for him to contact [REDACTED] I diverted his attention and suggested he mail me info on his program and I could perhaps suggest an appropriate person he could talk to re his new program. I called OSM [REDACTED] to report the above and to speak to [REDACTED] O instant offense involved kidnapping and rape/sexual assault. O reports still living with his wife. I contacted SUSPO [REDACTED] to report the above.

08/16/2001 Start of new Residence address for this client - valid up to today.

09/02/2009

REDACTED

(b)(6), (b)(7)(C)

03/09/1999 0978 3:00CR36377-136:End of supervision *Parole/Mandatory Release* due to *Early Termination - Goals Achieved*. Supervision ended in 3556 day(s).*EARLY TERMINATION OF PAROLE.*01/31/1997 Post Conviction:Assignment and submission of investigation regarding *Supervision Prog Rpt* by Officer [REDACTED] on the same day. It was conducted under the jurisdictional authority of the *Parole Comm*, and was requested by *Northern District Of California*. The offender was not convicted of any offense.*SUPERV REPORT.*02/12/1996 Post Conviction:Assignment and submission of investigation regarding *Supervision Prog Rpt* by Officer [REDACTED] on the same day. It was conducted under the jurisdictional authority of the *Parole Comm*, and was requested by *Northern District Of California*. The offender was not convicted of any offense.*SUPERV REPORT.*06/15/1989 0978 3:00CR36377-136:Beginning of supervision *Parole/Mandatory Release* as a transfer into the district with a receive date of 01/20/1988. Supervision was transferred from *District Of Nevada* with jurisdiction held by *Unknown Jurisdiction District*. Supervision is set to expire on 04/10/2027.06/15/1989 0978 3:00CR36377-136:Assignment of Officer to supervision *Parole/Mandatory Release* as Officer [REDACTED].06/15/1989 0978 3:00CR36377-136:Set Term of supervision *Parole/Mandatory Release* for 477 Month(s) expiring on 04/10/2027.12/15/1988 0978 3:00CR36377-136:

Unknown Action Type [ACTV].

04/11/1977 0978 3:00CR36377-136:Imposition of sentence by unidentified judge. The offender was convicted of a *felony* under the Criminal Citation 99:AOPH-7600.F (*Kidnapping (18:1201, 1202)*), and received the following terms - 600 Month(s) of Prison.

Add New Chrono

Document No. 56:

Electronic Monitoring Report

REDACTED

(B(6))/(B(7)(c))

Linda Connelly & Associates, Inc.

June 4, 1993

UNITED STATES FEDERAL PROBATION OFFICE
1330 Broadway, Suite 400
Oakland, CA 94612-2504

RECEIVED

JUN 8 1993

U.S. PROBATION OFFICE
NORTHERN DIST. CALIF.
OAKLAND

Re: Phillip Garrido
Reg. No. 36377-136

Dear [REDACTED]:

Enclosed is the JICA - Electronic Monitoring Program (EMP) Incident Report for the above named client. If you have any questions, or if I can be of any assistance, please do not hesitate to call.

Sincerely,

[REDACTED]
Case Manager

Enc.

ELECTRONIC MONITORING PROGRAM INFORMAL INCIDENT REPORT

Date: June 4, 1993

NAME: Phillip Garrido
Register Number: 36377-136
Probation Officer: [REDACTED]

Length of EMP Sentence: 120 days
Arrival Date: May 10, 1993
Release Date: September 6, 1993

INCIDENT #1: Failure to Report For Scheduled Office Meeting

Date of Incident: June 3, 1993

Description of Incident: Mr. Garrido failed to report for his scheduled office meeting with his case manager at the Electronic Monitoring Program (EMP) office.

Client's Statement: Mr. Garrido stated he had accidentally written down the appointment time for the incorrect day. Mr. Garrido further stated he has [REDACTED]

SANCTIONS / RECOMMENDATION:

Mr. Garrido was verbally reprimanded for failing to report for his scheduled office meeting. [REDACTED]

[REDACTED] Mr. Garrido was warned that his office meetings with his case manager are important and he must remain accountable. To avoid any further misunderstandings, Mr. Garrido will receive an appointment card for any future appointments.

Submitted By: [REDACTED] / Case Manager

Date: 6/4/93

Approved By: [REDACTED] / Director

Date: 6/4/93

I have read and understood the above violations and agreed to abide by the sanctions as listed above.

Client Signature: [REDACTED]

Date: 6/4/93

REDACTED

(B(6))/(B(7)(C))



RECEIVED

July 16, 1993

JUL 22 1993

UNITED STATES FEDERAL PROBATION OFFICE
1330 Broadway Suite 400
Oakland, CA 94612-2504

U.S. PROBATION OFFICE
NORTHERN DIST. CALIF.
OAKLAND

Re: Phillip Garrido
Reg. No. 36377-136

Dear [REDACTED]

Enclosed is the LCA - Electronic Monitoring Program (EMP) Progress Report for the above named client. If you have any questions, or if I can be of any assistance, please do not hesitate to call.

Sincerely,

[REDACTED]
Case Manager

Enc.

REDACTED

(B(6))/(B(7)(c))

Linda Connelly & Associates, Inc.

ELECTRONIC MONITORING PROGRAM PROGRESS REPORT

REPORT PERIOD: May 10, 1993 - July 10, 1993

Probation Officer: [REDACTED]

Date: July 16, 1993

PERSONAL

Phillip Garrido

Living with: Wife & Mother

EMPLOYMENT

Not employed

Position:

Hours:

Supervisor:

SENTENCING ON ELECTRONIC
MONITORING PROGRAM

Offense: Kidnapping

Registration No.: 36377-136

Length of Sentence: 120 days

Arrival Date: May 10, 1993

Release Date: September 6, 1993

COUNSELING & SUBSTANCE
ABUSE TESTING

STAFF/CLIENT CONTACT
DURING REPORTING PERIOD

Office Visits: May 17, 28,

June 4, 10, 24,

July 1, 8

Community Visits: 5/10, 6/16

COMMUNITY SERVICE

Agency: N/A

Address:

Hours Per Week:

Hours Completed:

Supervisor:

VIOLATIONS

Curfew: None

Positive Tests: Available Through
USPO

Incident Reports: 6/3/93 - Failure
to Report For Scheduled
Office Meeting

FINANCIAL

Income: -0-

Supervision Fee: -0-

Fines: N/A

Restitution: N/A

GENERAL COMMENTS

Mr. Garrido began his 120-day Electronic Monitoring Program (EMP) sentence on May 10, 1993. His performance on the EMP has been good with the exception of an incident report received on June 3, 1993. Mr. Garrido failed to report for his scheduled office meeting with his EMP case manager. Mr. Garrido was verbally reprimanded for the incident and reminded of his obligations while on the EMP.

REDACTED

(B(6))/(B(7)(c))

Page Two
Phillip Garrido
Reg. No. 36377-136
July 16, 1993

Mr. Garrido is currently not employed, but he hopes to obtain employment in the near future.

newspaper deliverer.

Mr. Garrido plans to obtain employment as a

While on the EMP, Mr. Garrido's goals are to obtain employment and possibly go back to school through home correspondence courses.

Submitted By:

Date:

7/16/93

Case Manager

Approved By:

Date:

7/20/93

Director

Document No. 62:

Progress Reports

RI REDACTED

(B(6))/(B(7)(c))

62

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
PROBATION OFFICE

CHIEF PROBATION OFFICER

U.S. COURT HOUSE
450 GOLDEN GATE AVENUE
SUITE #18400
POST OFFICE BOX 36057
SAN FRANCISCO, CA 94102-3487

COM: 415-556-0200
FTS: 556-0200
FAX: 415-556-5351



PLEASE REPLY TO:

1330 BROADWAY
SUITE #400
OAKLAND, CA 94612-2504

COM: 415-273-7101
FTS: 536-7101
FAX: 415-273-6350

December 3, 1991

[Mr. [REDACTED]], Supervisor
Department of Parole and Probation
State of Nevada
1445 Hot Springs Rd., #104
Carson City, NV 89710

RE: GARRIDO, Phillip
Your #L88/89-163

Dear Mr. [REDACTED]

Please be advised that Mr. Garrido remains under the supervision of this office and there have been no problems up to this point.

Sincerely,

[REDACTED]
Senior U. S. Probation Officer

[REDACTED]

REDACTED

(B(6))/(B(7)(c))

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
PROBATION OFFICE

[REDACTED]
CHIEF PROBATION OFFICER

U.S. COURT HOUSE
450 GOLDEN GATE AVENUE
SUITE #18400
POST OFFICE BOX 38057
SAN FRANCISCO, CA 94102-3887

TEL: 415-556-0200
FAX: 415-556-5351



PLEASE REPLY TO:

1330 BROADWAY
SUITE #400
OAKLAND, CA 94612-2504

TEL: 510-273-7101
FAX: 510-273-6360

November 6, 1992

State of Nevada
Department of Parole and Probation
1445 Hot Springs Road, #104
Carson City, NV 89710

Attention: [REDACTED] Supervisor
Interstate Services

RE: GARRIDO, Phillip
No. L88/89-163
PROGRESS REPORT

Dear Mr. [REDACTED]

Per your request of October 20, 1992, please be advised that we are currently supervising Mr. Garrido out of the Oakland office. He has been cooperating with our office with no major problems. He is employed with his mother, who runs a real estate office in Antioch, California. He is seen regularly by a [REDACTED]

If you have any additional question, please feel free to contact me at [REDACTED]

Sincerely,

[REDACTED]
Senior U. S. Probation Officer

REDACTED

(B(6))/(B(7))(c)

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
PROBATION OFFICE

[REDACTED]
CHIEF PROBATION OFFICER

U.S. COURT HOUSE
450 GOLDEN GATE AVENUE
SUITE #17-6884
POST OFFICE BOX 36057
SAN FRANCISCO, CA 94102-3487

TEL: 415-556-0200
FAX: 415-556-5351



FIGURE 1 PROBATION SERVICES

PLEASE REPLY TO:

1301 CLAY STREET
SUITE 220S
OAKLAND, CA 94612-5206

TEL: 510-637-3600
FAX: 510-637-3625

June 6, 1995

[REDACTED]
Probation/Parole Officer
Interstate Services
Capitol Complex
1445 Hot Springs Rd., No. 104
Carson City, NV 89710

RE: GARRIDO, Phillip
Your No.: NV# L88/89-0163 - CC# 318964

Dear Ms. [REDACTED]

In response to your correspondence dated May 26, 1995, please be advised that the
aforementioned subject has been compliant thus far. He currently resides in Antioch, California.
The subject is seen on a bimonthly basis by this officer and has posed no problems thus far.

If you wish any additional information, please feel free to contact me at [REDACTED]

Sincerely,

[REDACTED]
U. S. Probation Officer

[REDACTED]

REDACTED

(B(6))/(B(7)(c))

UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA
PROBATION OFFICE

CHIEF PROBATION OFFICER

U.S. COURT HOUSE
450 GOLDEN GATE AVENUE
SUITE #17-8884
POST OFFICE BOX 36057
SAN FRANCISCO, CA 94102-3487

TEL: 415-436-7540
FAX: 415-436-7572



PLEASE REPLY TO:

1301 CLAY STREET
SUITE 220S
OAKLAND, CA 94612-5286

TEL: 510-637-3800
FAX: 510-637-3625

March 5, 1996

[REDACTED] Supervisor
Interstate Compact Services
Nevada State Department of Parole and Probation
1445 Hot Springs Road, Suite #104
Carson City, NV 89710

RE: GARRIDO, Phillip
Your Inmate No: L88/89-0163
Our Reg. No. 36377-136
DOB: 4-5-51
PROGRESS REPORT

Dear [REDACTED]

In response to your request for a progress report, which was received by our office on March 1, 1996, the following correspondence is being provided:

The subject's performance on supervision is satisfactory. He has posed no problems thus far and is currently self-employed as a graphics design artist and printer. Basically, the subject designs wedding invitations, birthday cards, etc., on his home computer and sells them. He does have a business license within the city he resides and works in, and the business thus far appears legitimate. The subject is currently residing at [REDACTED], [REDACTED] with his wife, Nancy.

On September 25, 1995, this officer was advised by the defendant's [REDACTED], that he was no longer in need of her counseling services. She stated that, "I do not feel he is a danger to the community." The subject is [REDACTED]
[REDACTED] There have been no new arrests or police contacts, and the subject is currently seen approximately every two to three months by this officer.

REDACTED

(B(6))/(B(7)(C))

[REDACTED] Supervisor

March 5, 1996

Page 2

RE: GARRIDO, Phillip

If you have any questions regarding this report, please contact me at [REDACTED]

Sincerely,

[REDACTED]

[REDACTED]

U. S. Probation Officer

[REDACTED]

Documents No. 65:

Presentence Report

REDACTED

(E)(6)/(B)(7)(c)

65

PROBATION FORM 2
FEB 65

UNITED STATES DISTRICT COURT
DISTRICT OF NEVADA
PRESENTENCE REPORT

NAME Phillip Craig GARRIDO

DATE March 8, 1977

ADDRESS Washoe County Jail
Reno, Nevada

DOCKET NO. R-76-88 BRT

OFFENSE Kidnapping
18:1201(a)(1)

LEGAL RESIDENCE

AGE

DATE OF BIRTH

PENALTY Imprisonment for any
term of years or for life.

SEX Male RACE White

CITIZENSHIP United States

PLEA

EDUCATION High School Graduate

VERDICT Guilty, 2/11/77.

MARITAL STATUS Married

CUSTODY Washoe County, Nevada,
date of arrest, 11/23/76 to
present; Federal, writ of habe
ASSY. U.S. ATTY/ corpus ad prosequend.

DEPENDENTS None

SOC. SEC. NO.

DEFENSE COUNSEL

FBI NO. No Return

Federal Public Defender
Reno, Nevada

DETAINERS OR CHARGES PENDING: (1) Washoe Co., Reno, Nevada, charges Kidnapping
(2nd Degree); Forcible Rape; Infamous Crime Against Nature; Possession
of Controlled Substance; (2) El Dorado Co., South Lake Tahoe, Cali-
fornia, arrest warrant for California Penal Code, Sections 207 (Kidnap-
ping), and Section 261 (Rape), and Section 207 relating to R-76-88 BRT

CODEFENDANTS (Disposition)

None.

DISPOSITION

DATE March 11, 1977

SENTENCING JUDGE HONORABLE BRUCE R. THOMPSON

Confidential Property of U.S. Courts

Submitted for official use of U.S.
Parole Commission and Federal Bureau
of Prisons. to be returned after such
use or upon request. It was available
for review by the defendant and counsel
prior to sentencing. Disclosure authorized
only in comply with 18 USC 4208(d) (2).



OFFENSE:

Official Version. Records of the investigative agency reflect that on November 22, 1976, at approximately 7:30 P.M., Katherine Callaway, white female, age 25, was driving her car from her residence to South Lake Tahoe, California, to visit her boyfriend, and while enroute, stopped at a market, also in South Lake Tahoe, California. Upon leaving this store (Ink's Market), a man, later identified as Phillip Garrido, the defendant, asked her for a ride toward Stateline, California, explaining to her his car was disabled. Ms. Callaway agreed to give him a ride for a short distance. As Ms. Callaway was driving, Garrido directed her to an empty lot in South Lake Tahoe, California, and here, Garrido grabbed her and pushed her head down on her lap. The victim explained Garrido told her that all he wanted was a "piece of ass", and if she did not cause him any trouble and did all he wanted, she would not get hurt. Callaway told investigating officers that, at that point, she became very scared and that she told Garrido she would do anything if he would not hurt her. Garrido then handcuffed her hands behind her back and exchanged seats. Garrido then placed a leather strap around her neck and under her knees in order to keep her in a bent-over position.

Ms. Callaway related to the investigating officers that Garrido told her he did not want to hurt her, but he was very serious and meant business. She further explained that he told her he would take her to a far away place, where he had prepared a rented shed just for this purpose. He further told her he would bring her back to where he picked her up on November 22, 1976.

After driving the victim's car for approximately ten minutes, Garrido stopped the car and placed tape over Ms. Callaway's mouth. He then covered her up with a coat or blanket and proceeded to a service station for gas. After getting the gas, Garrido drove for ten minutes, when he stopped and removed the leather strap from around Ms. Callaway's neck. He then placed her in the backseat and again covered her up.

After approximately a one-hour trip, they arrived at his shed (3245 Mill Street, Reno, Nevada), which is located in a series of mini garage warehouses.

Upon arriving at the shed, Garrido found that he did not have a key and would have to find some type of crowbar to open the locked garage door. Investigation reflects that they drove to 1855 Market Street, which was the defendant's home, to find a crowbar. It is noted that he could not find any instrument to open the door. He then opened the trunk of Ms. Callaway's car and apparently found what he was looking for, and he then drove back to the shed.

REDACTED (B)(6)/(B)(7)(c)

After entering the shed, the defendant removed the handcuffs from Ms. Callaway, and explained to her there was no way out.

Investigating officers report Garrido then had the victim remove her clothing and proceeded to sexually assault Ms. Callaway until 3:00 A.M., on November 23, 1976. At approximately 3:00 P.M., while on routine patrol, a policeman noticed the broken lock and knocked on the door and Garrido responded. At that time, Callaway called for help and ran over to the officer and explained what was taking place. After further conversation and investigation, the police officer, with the assistance of back-up units, placed Garrido under arrest. Garrido was charged by the Reno Police Department with Rape, Infamous Crimes Against Nature, and Possession of Narcotics.

On December 2, 1976, Phillip Craig Garrido was indicted by the Federal Grand Jury, District of Nevada, in Reno, Nevada, for violation of Title 18, Section 1201(a)(1), Kidnapping, and a bench warrant was issued. On December 10, 1976, the defendant was arraigned in United States District Court, Reno, Nevada, and the Court ordered Garrido to undergo a psychiatric examination. On December 23, 1976, at an arraignment in United States District Court, Reno, Nevada, the defendant was found competent to stand trial, thus, entered a plea of not guilty and trial was set for February 7, 1977.

On February 1, 1977, defendant appeared before the United States District Court to change a not guilty plea to guilty, but this plea was not accepted by the Court, and trial commenced on February 10, 1977. Garrido was convicted of one count of kidnapping on February 11, 1977, and sentencing was set for March 11, 1977, pending the preparation of a presentence report by the Probation Officer.

Statement of Victim.

On February 24, 1977, the victim, Katherine Callaway, age 25 [REDACTED], was interviewed by the United States Probation Officer, and disclosed the following information:

Ms. Callaway believes that her being passive during the kidnapping and other incidents, possibly may have saved her life. She explained that because she did not know him and what he might do if she put up a fight or resisted the defendant in any fashion. Ms. Callaway divulged that she thought she knew he was either on drugs or he was possibly mentally unbalanced, and if she appeared to be cooperating, he would not turn violent. She further noted that when Garrido left the shed on Mill Street to get some cigarette papers, she thought he was only gone for approximately five minutes or so, and she further explained that he told her he could see the door while he was gone.

REDACTED

(E(5))/(B(7)(c))

Ms. Callaway expressed to the Probation Officer that at first, she had some apprehensions about testifying, but now that she has had time to think about what happened to her, she feels that she is bitter about what the defendant did to her.

Ms. Callaway said that her greatest emotional problem in regards to the kidnapping is that the defendant interfered with her life at that particular time, held her against her will to do with her what he wished.

She claimed that when the police officers came to the shed door, Garrido begged her not to turn him in to anyone and that he repeated the begging when the police officer allowed Garrido to follow her back into the shed to get dressed.

Throughout the interview with the Probation Officer, Ms. Callaway explained that she was extremely upset and emotional about what had happened to her.

DEFENDANT'S VERSION OF OFFENSE:

The defendant submitted the following handwritten statement, which is here quoted in full:

"I told the Ju. that I was guilty but he asked what it happen & didnt want me to plea so I could have a chance for the reason of But I never lied to any one.

In addition to the above-written statement, the defendant, during interviews, reported the following:

Garrido stated that the elements of the crime brought out in the trial are essentially correct.

He further noted that on November 22, he went to Lake Tahoe.

REDACTED

(b)(7)(D)(F)(G)

In regard to the victim, Garrido noted that he would have taken her back to Lake Tahoe before dawn, and he states that his intentions were never to physically harm Ms. Callaway.

Throughout the interview with Garrido, he maintained that if it would not have been for the problem he would not be in the current situation.

PRIOR RECORD:

Adult.

<u>Date</u>	<u>Offense</u>	<u>Place</u>	<u>Disposition</u>
-------------	----------------	--------------	--------------------

REDACTED

(B(5)/(B(7)(C))

11-23-76 (age 25) 1) Rape; 2) Kidnapping; Reno, Nevada
3) Infamous Crimes Against Nature; 4) Possession of Controlled Substance.

Charges pending, trial set for 3-28-77, 2nd Judicial District Court Reno, Nevada.

Refers to State portion of instant offense.

REDACTED

(B(6))/(B(7)(c))

The other charge of violation of Section 207, relates to the kidnapping of Katherine Callaway in El Dorado County, taking her to Nevada. ~~These three counts are currently pending in El Dorado County,~~ and the arrest warrant is lodged as a detainer at Washoe County Jail, Reno, Nevada, where the defendant is currently being held.

FAMILY HISTORY:

REDACTED

(B)(6)/(B)(7)(c)

Family.

MARITAL HISTORY:

REDACTED

(B(6))/(B(7))(c)

HOME AND NEIGHBORHOOD:

Garrido indicated that from February of 1975, to the date of the instant offense, he and his wife resided at [REDACTED] in Reno, Nevada. Prior to this, the couple lived at South Lake Tahoe, for approximately three years. Garrido noted that he grew up in a predominantly farming area, near Oakley, California, prior to moving to Brentwood, California, where he attended high school.

EDUCATION:

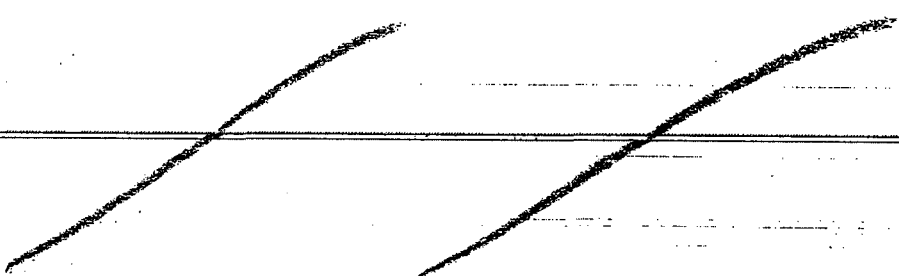
RELIGION:

INTERESTS AND LEISURE-TIME ACTIVITIES:

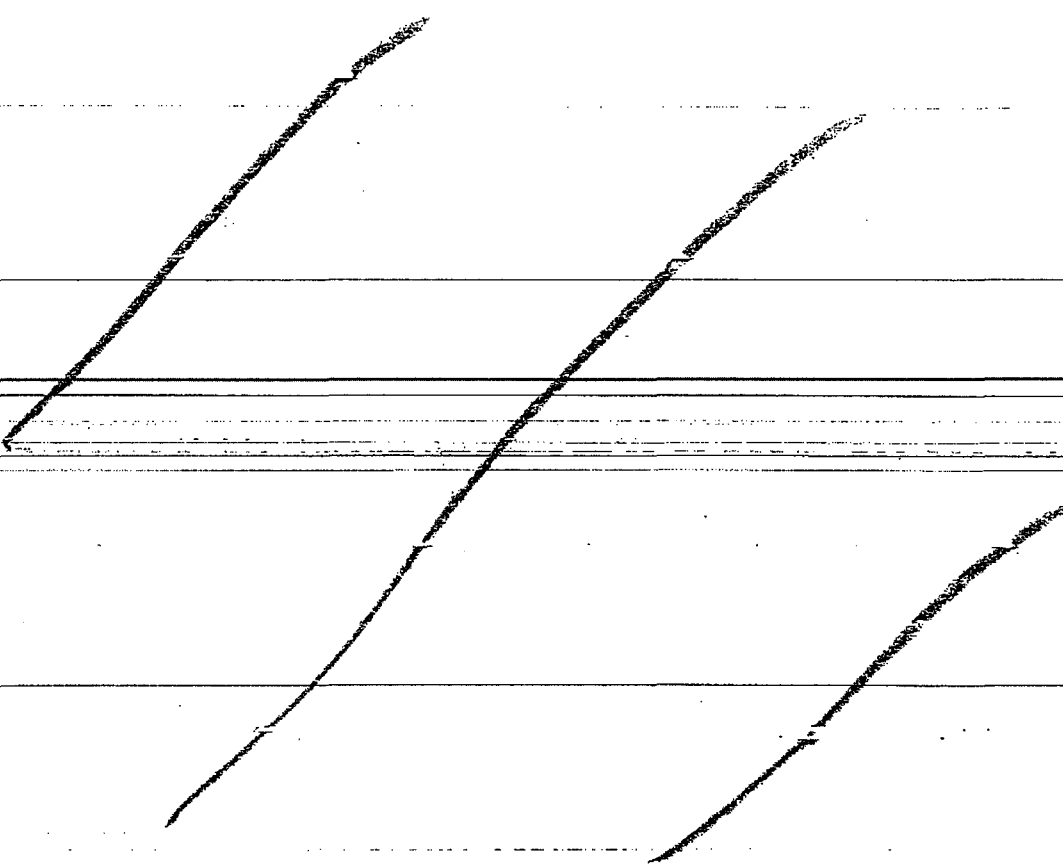
HEALTH: **REDACTED**

(B(6))/(B(7)(c))

Physical.



Mental and Emotional.



REDACTED

(B(6))/(B(7)(c))

EMPLOYMENT:

The defendant reported no other occupational interests or any other means of making a living.

MILITARY SERVICE:

None.

FINANCIAL CONDITION:

Respectfully submitted,

U. S. Probation Officer

Las Vegas, Nevada
March 8, 1977

Document No. 66:

Post Sentence Summarization

Document No. 59:

Monthly Supervision Reports

SUPERVISORY

REDACTED

REPORT FOR MONTH OF

Dec

1988

(All questions pertain to the month indicated above and must be completely answered)

Name: Phillip C. GarridoTelephone Number: [REDACTED]Street and Mailing Address: [REDACTED]Have you moved? Yes No ✓
If yes, give date and explain:List all persons in your residence: [REDACTED]Have you changed jobs? Yes No ✓
If yes, explain:Name and Address of employer or school: If unemployed, how did you support yourself?
X

Job description and gross amount earned:

Maintenance Supervisor

List debts past due and amounts:

NONEHow many days of work or school did you miss? Why? NONEWere you arrested or questioned by law enforcement officials? Yes No X
If yes:

Date:

Place:

List all money received other than from employment (include spouse's income).
Give source: [REDACTED]

Details:

no cash
card 1/17/89List any anticipated travel for the next 30 days: NONE

List all vehicles owned or driven by you:

YEAR	MAKE	COLOR	LICENSE NO.
1. 88	Juabld	Blue	[REDACTED]
2.			
3.			
4.			

If you have a fine or restitution obligation, have you made your payment this month? Yes No
If no, explain:

If you have a special condition (alcohol, drug, mental health aftercare or community service), did you miss any scheduled sessions?

NOTE: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001).

SIGNATURE: Phillip C. GarridoDATE: 

Please mail me additional supervision report

RECEIVEDPROBATION OFFICER Date

NOTES:

JAN 09 1989

U. S. PROBATION OFFICE
NORTHERN DIST. CALIF.
OAKLAND

RETURN THIS REPORT TO:

U. S. Probation Officer
201-13th St. P.O. Box 719
Oakland, CA 94604

SUPERVISION REPORT FOR MONTH OF Jan., 19 89(All questions pertain to the month indicated above and must be completely answered)Name: Phillip GarridoTelephone Number: [REDACTED]

Street and Mailing Address:

Have you moved? Yes No X

If yes, give date and explain:

List all persons in your residence:

Have you changed jobs? Yes No X

If yes, explain:

Name and Address of employer or school:

If unemployed, how did you support yourself?

Job description and gross amount earned;

List debts past due and amounts:

How many days of work or school did you miss? (B(6))/(B(7)(c))

Were you arrested or questioned by law enforcement officials? Yes No X

If yes:

Date:

Place:

Details:

List all money received other than from employment (include spouse's income).

Give source:

List any anticipated travel for the next 30 days:

List all vehicles owned or driven by you:

If you have a fine or restitution obligation, have you made your payment this month? Yes No X
If no, explain:

YEAR MAKE COLOR LICENSE NO.

1. 88 Pontiac Blue [REDACTED]

2.

3.

4.

If you have a special condition (alcohol, drug, mental health aftercare or community supervision), did you miss any scheduled sessions? (B(6))/(B(7)(c))

NOTE: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001).

SIGNATURE: Phillip GarridoDATE: 1/1/89

Please mail me additional supervision report forms.

PROBATION OFFICER

Date 2/8/89

COMMENTS:

(B(6))/(B(7)(c))

RETURN THIS REPORT TO:

U. S. Probation Officer
201-13th St. P.O. Box 719
Oakland, CA 94604RECEIVED
FEB 03 1989
U.S. PROBATION OFFICE
NORTHERN DIST. OFFICE
OAKLAND, CALIF.

b(6) and (7)(C)

REDACTED

SUPERVISORY REPORT FOR MONTH OF FEB., 1989

(All questions pertain to the month indicated above and must be completely answered)

Name: PHILLIP GARRETT

Telephone Number: [REDACTED]

Street and Mailing Address:

Have you moved? Yes No X
If yes, give date and explain:

List all persons in your residence:
(B(6))/(B(7)(C))

Have you changed jobs? Yes No X
If yes, explain:

Nancy Garrett

Name and Address of employer or school:

If unemployed, how did you support yourself?

(B(6))/(B(7)(C))

Job description and gross amount earned:
MAINTENANCE SUPERVISOR

List debts past due and amounts:

How many days of work or school did you miss? Why? None

Were you arrested or questioned by law enforcement officials? Yes No X
If yes:

Date:

Place:

List all money received other than from employment (include spouse's income).

Details:

Give source:

NANCY GARRETT

List any anticipated travel for the next 30 days:

RECEIVED
MAR 2 1989
U.S. PROBATION OFFICE
NORTHERN DIST. CALIF.
OAKLAND

List all vehicles owned or driven by you:

If you have a fine or restitution obligation, have you made your payment this month? Yes No
If no, explain:

YEAR	MAKE	COLOR	LICENSE NO.
1. 88	PONTIAC	Blue	[REDACTED]
2.			
3.			
4.			

If you have a special condition (alcohol, drug, mental health aftercare or community service), did you miss any scheduled sessions?

(B(6))/(B(7)(C))

NOTE: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001).

SIGNATURE: [Signature]

DATE: 3-1-89



Please mail me additional supervision report forms.

PROBATION OFFICER

(B(6))/(B(7)(C))

Date

3.6.89

COMMENTS:

RETURN THIS REPORT TO:

U. S. Probation Officer
201-13th St. P.O. Box 719
Oakland, CA 94604

b(6) and (7)(C) SUPERVISION REPORT FOR MONTH OF MARCH **REDACTED**
(All questions pertain to month indicated above and MUST be completely answered)

Name: Philip Garrido Telephone Number: [REDACTED]
Street and Mailing Address (Include Zip Code): [REDACTED] Have you moved? Yes No
yes, give date and explain:

(B(6)/(B(7)(C))
List all persons in your residence: Mother Have you changed jobs? Yes No
(B(6)/(B(7)(C)) If yes, explain:

Nancy Garrido - wife no pink prisoner
9/88

Name and Address of employer or school: [REDACTED] d you support yourself?
(B(6)/(B(7)(C)) no pink
file
- no fee

Job description and gross amount earned: Maintenance Supervisor List debts past due and amounts: 0

How many days of work or school did you miss? 0 Why? 0 Were you arrested or questioned by law enforcement officials? Yes No
If yes: Date: Place:

List all money received other than from employment (Include spouse's income) Give source. Nancy [REDACTED] - JOB Details:

List any anticipated travel for the next 30 days: 0

List all vehicles owned or driven by you:
YEAR MAKE COLOR LICENSE NO.
1. 88 Pontiac Blue
2. 66 DODGE GREEN
3. [REDACTED]
4. [REDACTED] If you have a fine or restitution obligation, have you made your payment this month? Yes No
If no, explain:

If you have a Special Condition (Alcohol, Drug, Mental Health Aftercare or Community Service), did you miss any scheduled sessions? (B(6)/(B(7)(C))

NOTE: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001)

SIGNATURE Philip Garrido DATE: 4/1/89

☐ Please mail me additional Supervision Report Forms.

PROBATION OFFICER: [REDACTED] Date: 4/7/89

COMMENTS:

RETURN THIS REPORT TO:
[REDACTED]
U. S. Probation Officer
1330 Broadway, Room #400
Oakland, CA 94612

(b)(6) and (7)(C) SUPERVISION REPORT FOR MONTH OF April, 1989 **RECEIVED**
(All questions pertain to the month indicated above and MUST be completely answered)

Name: Philip Garrido
Street and Mailing Address (Include Zip Code):
(b)(6)/(b)(7)(c)

Telephone Number: [REDACTED]
Have you moved? Yes No X
If yes, give date and explain:

List all persons in your residence:
(b)(6)/(b)(7)(c) Mother
Nancy Garrido - wife

Have you changed jobs? Yes No X
If yes, explain:
RECEIVED

Name and Address of employer or school:
(b)(6)/(b)(7)(c)

No pink

MAY 10 1989
Did you support yourself?
U.S. PROBATION OFFICE
EASTERN DIST. CALIF.
OAKLAND

Job description and gross amount earned:
Montenaro Supervisor
[REDACTED]

and amounts:

How many days of work or school did you miss?
(b)(6)/(b)(7)(c)

Were you arrested or questioned by law enforcement officials? Yes No X
If yes:
Date: Place:

List all money received other than from employment (Include spouse's income)
Give source. None

Details:

Spouse's Income
(b)(6)/(b)(7)(c)

List any anticipated travel for the next 30 days:

List all vehicles owned or driven by you:
YEAR MAKE COLOR LICENSE NO.
1. 88 Dodge Blue
2. 86 Dodge Green
3.
4.
(b)(6)/(b)(7)(c)

If you have a fine or restitution obligation, have you made your payment this month?
Yes No
If no, explain:

If you have a Special Condition (Alcohol, Drug, Mental Health Aftercare or Community Service), did you miss any scheduled sessions?

(b)(6)/(b)(7)(c)

NOTE: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001)

SIGNATURE: [Signature]

DATE: May 8, 1989

☐ Please mail me additional Supervision Report Forms.

PROBATION OFFICER: [REDACTED]

Date: 5-12-89

COMMENTS:

RETURN THIS REPORT TO:

U. S. Probation Officer
1330 Broadway, Room #400
Oakland, CA 94612

b(6) and (7)(C)

SUPERVISION REPORT FOR MONTH OF May
questions pertain to a month indicated above and MUST be completely answered)

REDACTED

Phillip Garrido

and Mailing Address (Include Zip Code):

(B(6))/(B(7)(c))

Telephone Number:

(B(6))/(B(7)(c))

Have you moved? Yes No
If yes, give date and explain:

from
all persons in your residence:

(B(6))/(B(7)(c))

Have you changed jobs? Yes No
If yes, explain:

NANCY Garrido - wife

Name and Address of employer or school:

(B(6))/(B(7)(c))

If unemployed, how did you support yourself?

Job description and gross amount earned:

MAINTENANCE Sup.

(B(6))/(B(7)(c))

List debts past due and amounts:

How many days of work or school did you miss? None

(B(6))/(B(7)(c))

Were you arrested or questioned by law enforcement officials? Yes No

If yes:

Date:

Place:

List all money received other than from employment (Include spouse's income)
Give source.

NANCY Garrido

Details:

List any anticipated travel for the next 30 days:

List all vehicles owned or driven by you:

YEAR	MAKE	COLOR	LICENSE NO.
1. 88	Buick	Blue	
2. 66	DODGE	GREEN	
3.			
4.			

(B(6))/(B(7)(c))

If you have a fine or restitution obligation, have you made your payment this month?

Yes No
If no, explain:

JUN 6 1989

U.S. PROBATION OFFICE
NORTHERN DIST. CALIF.
OAKLAND

If you have a Special Condition (Alcohol, drug, Mental Health Aftercare or Community Service), did you miss any scheduled sessions?

(B(6))/(B(7)(c))

NOTE: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001)

SIGNATURE: Phillip Garrido

DATE: 6/2/89

Please mail me additional Supervision Report Forms.

PROBATION OFFICER: [Redacted]

Date: 6/7/89

COMMENTS:

RETURN THIS REPORT TO:

U. S. Probation Officer
1330 Broadway, Room #400
Oakland, CA 94612

b(6) and (7)(C)

SUPERVISION REPORT FOR MONTH OF June **REDACTED**
(All questions pertain to month indicated above and MUST be completely answered)

Name: Philip David Telephone Number: (B)(6)/(B)(7)(C)
Street and Mailing Address (Include Zip Code):
(B)(6)/(B)(7)(C)

List all persons in your residence:
- MOM
NANCY GARRIDO - WIFE
Have you changed jobs? Yes No
If yes, explain:

Name and Address of employer, or school:
(B)(6)/(B)(7)(C)
If unemployed, how did you support yourself?

Job description and gross amount earned:
maintenance sup.
(B)(6)/(B)(7)(C)
List debts past due and amounts:

How many days of work or school did you miss? 0 Why?
Were you arrested or questioned by law enforcement officials? Yes
If yes:
Date: Place: 10 1989

List all money received other than from employment (Include spouse's income)
Give source.
N. Garrido
(B)(6)/(B)(7)(C)
Details: U.S. PROBATION OFFICE
NORTHERN DIST. CALIF.
OAKLAND
List any anticipated travel for the next 30 days:

List all vehicles owned or driven by you:
YEAR MAKE COLOR LICENSE NO.
1. 64 Olds Green
2. 88 Pontiac Blue
3.
4.
(B)(6)/(B)(7)(C)
If you have a fine or restitution obligation, have you made your payment this month?
Yes No
If no, explain:

If you have a Special Condition (Alcohol, Drug, Mental Health Aftercare or Community Service), did you miss any scheduled sessions?
13:
(B)(6)/(B)(7)(C)

NOTE: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001)
SIGNATURE: Philip David DATE:

☒ Please mail me additional Supervision Report Forms.

PROBATION OFFICER: [Redacted] Date: 7/1/89
COMMENTS:
RETURN THIS REPORT TO:
U. S. Probation Officer
1330 Broadway, Room #400
Oakland, CA 94612

b(6) and (7)(G)

SUPERVISION REPORT FOR MONTH OF

REDACTED

questions pertain to

month indicated above

and (b)(6) completely answered)

Name: PHILLIP GARRIDO

Telephone Number:

(b)(6)/(b)(7)(c)

and Mailing Address (Include Zip Code):

Have you moved? Yes ___ No XXX

If yes, give date and explain:

(b)(6)/(b)(7)(c)

Persons in your residence:

(b)(6)/(b)(7)(c)

MOTHER

NANCY GARRIDO-WIFE

Have you changed jobs? Yes ___ No XXX

If yes, explain:

and Address of employer or school:

If unemployed, how did you support yourself?

(b)(6)/(b)(7)(c)

Ø

Job description and gross amount earned:

MAINTENANCE SUP.

(b)(6)/(b)(7)(c)

List debts past due and amounts:

Ø

How many days of work or school did you miss? 0 Why?

Were you arrested or questioned by law enforcement officials? Yes ___ No XX

If yes:

Date:

RECEIVED

List all money received other than from employment (Include spouse's income) Give source.

Details:

AUG 4 1989

NANCY GARRIDO

(b)(6)/(b)(7)(c)

List any anticipated travel outside the next 30 days:

U.S. PROBATION OFFICE
OAKLAND DIST. CT. next
OAKLAND

List all vehicles owned or driven by you:

YEAR	MAKE	COLOR	LICENSE NO.
1.66	DODGE	GREEN	
2.88	PONTIAC	BLUE	
3.			
4.			

(b)(6)/(b)(7)(c)

If you have a fine or restitution obligation, have you made your payment this month?

Yes ___ No XXX

If no, explain:

If you have a Special Condition (Alcohol, Drug, Mental Health Aftercare or Community Service), did you miss any scheduled sessions?

(b)(6)/(b)(7)(c)

(b)(6)/(b)(7)(c)

NOTE: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001)

SIGNATURE: *Phillip Garrido*

DATE:

Please mail me additional Supervision Report Forms.

PROBATION OFFICER:

Date:

8/7/89

COMMENTS:

RETURN THIS REPORT TO:

U. S. Probation Officer
1330 Broadway, Room #400
Oakland, CA 94612

Name: PHILLIP GARRIDO Telephone Number: (B(6))/(B(7))(c)
Street and Mailing Address (Include Zip Code): (B(6))/(B(7))(c)
Have you moved? Yes No XXX
If yes, give date and explain:

List all persons in your residence:
(B(6))/(B(7))(c) MOTHER
NANCY GARRIDO-WIFE
Have you changed jobs? Yes No XXX
If yes, explain:

Name and Address of employer or school: (B(6))/(B(7))(c)
If unemployed, how did you support yourself?

Job description and gross amount earned:
MAINTENANCE SUP.
(B(6))/(B(7))(c)
List debts past due and amounts:

How many days of work or school did you miss? 0 Why?
Were you arrested or questioned by law enforcement officials? Yes No XX
If yes:
Date: Place: RECEIVED

List all money received other than from employment (Include spouse's income) and source:
NANCY GARRIDO (B(6))/(B(7))(c)
Details: SEP 6 1989
U.S. PROBATION OFFICE
List any anticipated travel for the next 30 days:

List all vehicles owned or driven by you:
YEAR MAKE COLOR LICENSE NO.
66 DODGE GREEN (B(6))/(B(7))(c)
89 DODGE GREEN
If you have a fine or restitution obligation, have you made your payment this month?
Yes No XXX
If no, explain:

If you have a Special Condition (Alcohol, Drug, Mental Health Aftercare or Community Service), did you miss any scheduled sessions?
(B(6))/(B(7))(c)

NOTE: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001)
Signature: Phillip Garrido DATE: SEPT. 1/89
Please mail me additional Supervision Report Forms.

PROBATION OFFICER: (B(6))/(B(7))(c) Date: 9-6-89
COMMENTS:
RETURN THIS REPORT TO:
(B(6))/(B(7))(c)
U. S. Probation Officer
1330 Broadway, Room #400
Oakland, CA 94612

b(6) and (7)(C)

SUPERVISION REPORT FOR MONTH OF September **REDACTED**
(All questions pertain to 1 month indicated above and MUST be completely answered)

Name: PHILLIP GARRIDO

Telephone Number: (B(6))/(B(7))(c)

Street and Mailing Address (Include Zip Code):

(B(6))/(B(7))(c)

Have you moved? Yes No XXX
If yes, give date and explain:

List all persons in your residence:

(B(6))/(B(7))(c) MOTHER
NANCY GARRIDO-WIFEHave you changed jobs? Yes No XXX
If yes, explain:

Name and Address of employer or school:

(B(6))/(B(7))(c)

If unemployed, how did you support yourself?

Job description and gross amount earned:

MAINTENANCE SUP. (B(6))/(B(7))(c)

List debts past due and amounts:

How many days of work or school did you miss? Why?

Were you arrested or questioned by law enforcement officials? Yes No XX

If yes:

Date:

RECEIVED

Details:

OCT 12 1989

List all money received other than from employment (Include spouse's income) and source.

NANCY GARRIDO (B(6))/(B(7))(c)

List any anticipated future contacts within 30 days:
U.S. PROBATION OFFICE
OAKLAND DIST. COURT
OAKLAND

List all vehicles owned or driven by you:

YEAR MAKE COLOR LICENSE NO.

66 DODGE GREEN

88 PONTIAC BLUE

89 DODGE RAM

(B(6))/(B(7))(c)

If you have a fine or restitution obligation, have you made your payment this month?

Yes No XXX

If no, explain:

Do you have a Special Condition (Alcohol, Drug, Mental Health Aftercare or Community Service)?
Did you miss any scheduled sessions?

(B(6))/(B(7))(c)

NOTE: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001)

SIGNATURE: Phil Garrido

DATE:

Please mail me additional Supervision Report Forms.

PROBATION OFFICER:

Date: 10-12-89

RETURN THIS REPORT TO:

REMARKS:

U. S. Probation Officer
1330 Broadway, Room #400
Oakland, CA 94612

SUPERVISION REPORT FOR MONTH OF Oct **REDACTED**
b(6) and (7)(C) questions pertain to month indicated above and MUST be completely answered

PHILLIP GARRIDO Set and Mailing Address (Include Zip Code): (B(6))/(B(7)(C))	Telephone Number: REDACTED Have you moved? Yes ___ No <u>XXX</u> If yes, give date and explain:
at all persons in your residence: -MOTHER NANCY GARRIDO-WIFE (B(6))/(B(7)(C))	Have you changed jobs? Yes ___ No <u>XXX</u> If yes, explain:
ame and Address of employer or school: (B(6))/(B(7)(C))	If unemployed, how did you support yourself? Ø
Job description and gross amount earned: MAINTENANCE SUP. REDACTED	List debts past due and amounts: Ø
How many days of work or school did you miss? ___ Why?	Were you arrested or questioned by law enforcement officials? Yes ___ No <u>XX</u> If yes: RECEIVED Date: NOV 13 1989 Place: Details: U.S. PROBATION OFFICE NORTHERN DIST. CALIF. (OAKLAND)
List all money received other than from employment (Include spouse's income) Give source. NANCY GARRIDO REDACTED	List any anticipated REDACTED for the next 30 days:
List all vehicles owned or driven by you: YEAR MAKE COLOR LICENSE NO. 66 DODGE GREEN REDACTED 88 PONTIAC BLUE REDACTED 89 DODGE REDACTED	If you have a fine or restitution obligation, have you made your payment this month? Yes ___ No <u>XXX</u> If no, explain:

Do you have a Special Condition (Alcohol, Drug, Mental Health Aftercare or Community Service),
and you miss any scheduled sessions? (B(6))/(B(7)(C))

NOTE: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF
PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001)

SIGNATURE: Phil Garrido

DATE: _____

☐ Please mail me additional Supervision Report Forms.

PROBATION OFFICER: **REDACTED**

Date: 11-13-89

COMMENTS:

RETURN THIS REPORT TO:

REDACTED
U. S. Probation Officer
1330 Broadway, Room #400
Oakland, CA 94612

Name: PHILLIP GARRIDO
Street and Mailing Address (Include Zip Code):

Telephone Number: [REDACTED]

Have you moved? Yes ___ No XXX
If yes, give date and explain:

List all persons in your residence:
(B(6))/(B(7)(c)) 1-MOTHER
NANCY GARRIDO-WIFE

Have you changed **RECEIVED** No XXX
If yes, explain:

DEC 11 1989

Name and Address of employer or school:

If unemployed, how **U. S. PROBATION OFFICE** support yourself?
NORTHERN DIST. CAFE
CALIF.

Job description and gross amount earned:
MAINTENANCE SUP. [REDACTED]

List debts past due and amounts:

How many days of work or school did you miss?
(B(6))/(B(7)(c))

Were you arrested or questioned by law enforcement officials? Yes ___ No XX

If yes:
Date: _____ Place: _____

List all money received other than from employment (Include spouse's income) and source.

Details:

NANCY GARRIDO [REDACTED]

List any anticipated travel for the next 30 days:

List all vehicles owned or driven by you:
YEAR MAKE COLOR LICENSE NO.
66 DODGE GREEN
89 DODGE WHITE

If you have a fine or restitution obligation, have you made your payment this month?

Yes ___ No XXX
If no, explain:

Do you have a Special Condition (Alcohol, Drug, Mental Health Aftercare or Community Service), and do you miss any scheduled sessions?

NOTE: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001)

SIGNATURE: Phil Garrido

DATE: 12/3/89

Please mail me additional Supervision Report Forms.

PROBATION OFFICER: [REDACTED]

Date: 12/1/89

COMMENTS:

RETURN THIS REPORT TO:

[REDACTED]
U. S. Probation Officer
1330 Broadway, Room #400
Oakland, CA 94612

SUPERVISION REPORT FOR MONTH OF December, 1989

b(6) and (7)(C)

Questions pertaining to a month indicated above and MUST be completely answered.

REDACTED

Name: PHILLIP GARRIDO
Street and Mailing Address (Include Zip Code):

Telephone Number:

Have you moved? Yes ___ No XXX
If yes, give date and explain:

List all persons in your residence:

(B(6))/(B(7)(C)) MOTHER
NANCY GARRIDO-WIFEHave you changed jobs? Yes ___ No XXX
If yes, explain:

Name and Address of employer or school:

If unemployed, how did you support yourself?

Job description and gross amount earned:
MAINTENANCE SUP. [REDACTED]

List debts past due and amounts:

How many days of work or school did you miss? 2 Why?Were you arrested or questioned by law enforcement officials? Yes ___ No XX
If yes:

Date:

Place:

List all money received other than from employment (Include spouse's income) and source.

Details:

NANCY GARRIDO [REDACTED]

List any anticipated travel for the next 30 days:

List all vehicles owned or driven by you:

YEAR	MAKE	COLOR	LICENSE NO.
66	DODGE	GREEN	<u>[REDACTED]</u>
89	DODGE	WHITE	<u>[REDACTED]</u>

If you have a fine or other obligation, have you made your payment this month?
Yes ___ No XXX
If no, explain: NONE

Do you have a Special Condition (Alcohol, Drug, Mental Health Aftercare or Community Service), and do you miss any scheduled sessions?

NOTE: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001)

Signature: Phil GarridoDATE: 1/4/90

Please mail me additional Supervision Report Forms.

Probation Officer: [REDACTED]Date: 2-20-90

Comments:

RETURN THIS REPORT TO:

U. S. Probation Officer
1330 Broadway, Room #400
Oakland, CA 94612

REDACTED

b(6) and (7)(C) SUPERVISION REPORT FOR MONTH OF Jan, 19 90
 Questions pertain to the month indicated above and be completely answered

Name: Phillip Gauri
 Street and Mailing Address (Include Zip Code):
(B)(6)/(B)(7)(C)

Telephone Number: (B)(6)/(B)(7)(C)
 Have you moved? Yes No XX
 If yes, give date and explain:

List all persons in your residence:
(B)(6)/(B)(7)(C)
Mather
Nancy Gauri - Wife

Have you changed jobs? Yes No XX
 If yes, explain:

Name and Address of employer or school:
(B)(6)/(B)(7)(C)

If unemployed, how did you support yourself?
(B)(6)/(B)(7)(C)

Job description and gross amount earned:
Maintenance Supervisor
(B)(6)/(B)(7)(C)

List debts past due and amounts:
(B)(6)/(B)(7)(C)

How many days of work or school did you miss? 0 Why?
(B)(6)/(B)(7)(C)

Were you arrested or questioned by law enforcement officials? Yes No XX
 If yes:
 Date: Place: FEB 1, 1990

List all money received other than from employment (Include spouse's income) Give source.
N. Gauri
(B)(6)/(B)(7)(C)

Details: U.S. PROBATION OFFICE
 List any anticipated travel for the next 30 days:

List all vehicles owned or driven by you:

YEAR	MAKE	COLOR	LICENSE NO.
1. <u>86</u>	<u>DODGE</u>	<u>Green</u>	<u>(B)(6)/(B)(7)(C)</u>
2. <u>89</u>	<u>DODGE</u>	<u>White</u>	<u>(B)(6)/(B)(7)(C)</u>
3. <u> </u>	<u> </u>	<u> </u>	<u> </u>
4. <u> </u>	<u> </u>	<u> </u>	<u> </u>

If you have a fine or restitution obligation, have you made your payment this month?
 Yes No
 If no, explain:

If you have a Special Condition (Alcohol, Drug, Mental Health Aftercare or Community Service), did you miss any scheduled sessions?
(B)(6)/(B)(7)(C)

NOTE: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001)

SIGNATURE: Phil Gauri DATE: 2-3-90

☐ Please mail me additional Supervision Report Forms.

PROBATION OFFICER: (B)(6)/(B)(7)(C) Date: 2-15-90
 COMMENTS: (B)(6)/(B)(7)(C)
 RETURN THIS REPORT TO:
 U. S. Probation Officer
 1330 Broadway, Room #400
 Oakland, CA 94612

b(6) and (7)(C)

SUPERVISION REPORT FOR MONTH OF February, 19 90
Questions pertain to the month indicated above and MUST be completely answered)

REDACTED

PHILLIP CARRIDO
and Mailing Address (Include Zip Code):

Telephone Number:

Have you moved? Yes ___ No XXX
If yes, give date and explain:

all persons in your residence:

Have you changed jobs? Yes ___ No X
If yes, explain:

Name and Address of employer or school:

If unemployed, how did you support yourself?

Job description and gross amount earned:

List debts past due and amounts:

How many days of work or school did you miss? 2 Why?

Were you arrested or questioned by law enforcement officials? Yes ___ No XXX
If yes:

Date:

Place:

List all money received other than from Employment (Include spouse's income) Give source.

Details:

NANCY CARRIDO

Nancy Carrido

RECEIVED
JUN 4 1990
U.S. PROBATION OFFICE
NORTHERN DIST. COURT
OAKLAND

List any anticipated travel for the next 30 days:

List all vehicles owned or driven by you:

YEAR	MAKE	COLOR	LICENSE NO.
66	DODGE VAN	GREEN	
89	DODGE VAN	WHITE	

If you have a fine or restitution obligation, have you made your payment this month?
Yes ___ No ___
If no, explain:

If you have a Special Condition (Alcohol, Drug, Mental Health Aftercare or Community Service), did you miss any scheduled sessions?

NOTE: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001)

SIGNATURE: Phil Carrido

DATE: 2/2/90

☐ Please mail me additional Supervision Report Forms.

PROBATION OFFICER:

Date: 6-5-90

COMMENTS:

RETURN THIS REPORT TO:

U. S. Probation Officer
1330 Broadway, Room #400
Oakland, CA 94612

b(6) and (7)(C) SUPERVISION REPORT FOR MONTH OF March, **REDACTED**
(All questions pertain to the month indicated above and must be completely answered)

Name: Garrida, Phillip
Street and Mailing Address (Include Zip Code):

Telephone Number:

Have you moved? Yes No
If yes, give date and explain:

List all persons in your residence:

Have you changed jobs? Yes No
If yes, explain:

Name and Address of employer or school:

If unemployed, how did you support yourself?

Job description and gross amount earned:

List debts past due and amounts:

How many days of work or school did you miss? 0 Why?

Were you arrested or questioned by law enforcement officials? Yes No

If yes:

Date:

Place:

List all money received other than from employment (Include spouse's income) and source:

Details:

List any anticipated travel for the next 30 days:

List all vehicles owned or driven by you:

YEAR	MAKE	COLOR	LICENSE NO.
89	DODGE	white	
66	DODGE	Green	

If you have a fine or restitution obligation, have you made your payment this month?

Yes No

If no, explain:

If you have a Special Condition (Alcohol, Drug, Mental Health Aftercare or Community Service), did you miss any scheduled sessions?

NOTE: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001)

SIGNATURE: Phillip Garrida

DATE: 4-1-90

Please mail me additional Supervision Report Forms.

PROBATION OFFICER:

Date: 4-9-90

COMMENTS:

RETURN THIS REPORT TO:

U. S. Probation Officer
1330 Broadway, Room #400
Oakland, CA 94612

PHILIP CARRIDO

Mailing Address (Include Zip Code):

Telephone Number:

Have you moved? Yes No XXX
If yes, give date and explain:

1 persons in your residence:

Have you changed jobs? Yes No X
If yes, explain:

Name and Address of employer or school:

If unemployed, how did you support yourself?

Description and gross amount earned:

List debts past due and amounts:

How many days of work or school did you miss? 0
Why?

Were you arrested or questioned by law enforcement officials? Yes No XXXX

If yes:

Date:

Place:

What money received other than from employment (Include spouse's income) or source.

Details:

List any anticipated travel for the next 30 days:

List all vehicles owned or driven by you:

If you have a fine or restitution obligation, have you made your payment this month?

Yes No

If no, explain:

Do you have a Special Condition (Alcohol, Drug, Mental Health Aftercare or Community Service), and miss any scheduled sessions?

A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001)

SIGNATURE: Philip Carrido

DATE: 4/2/90

Please mail me additional Supervision Report Forms.

PROBATION OFFICER:

Date: 6-5-90

INITIALS:

RETURN THIS REPORT TO:

U. S. Probation Officer
1330 Broadway, Room #400
Oakland, CA 94612

NAME: <u>PHILIP CARRIDO</u>		Telephone Number:
Address and Mailing Address (Include Zip Code):		Have you moved? Yes ___ No <u>XXX</u> If yes, give date and explain:
All persons in your residence: (B(6)/(B(7)(c)) <u>MOIHER</u> <u>WANCY CARRIDO</u> -- WIFE		Have you changed jobs? Yes ___ No <u>X</u> If yes, explain:
Address of employer or school:		If unemployed, how did you support yourself?
Description and gross amount earned: <u>0</u>		List debts past due and amounts: <u>0</u>
Many days of work or school did you Why?		Were you arrested or questioned by law enforcement officials? Yes ___ No <u>XXXX</u> If yes: Date: Place:
All money received other than from employment (Include spouse's income) source: <u>WANCY CARRIDO</u> --		Details:
		List any anticipated travel for the next 30 days: <u>0</u>
All vehicles owned or driven by you: MAKE COLOR LICENSE NO. <u>DODGE VAN GREEN</u> <u>DODGE VAN WHITE</u>		If you have a fine or restitution obligation, have you made your payment this month? Yes <u>X</u> No <u>0</u> <u>Error</u> If no, explain:

Have a Special Condition (Alcohol, Drug, Mental Health Aftercare or Community Service),
miss any scheduled sessions?

A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF
PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001)

SIGNATURE: Philip Carrido DATE: _____

Please mail me additional Supervision Report Forms.

PROBATION OFFICER: _____ Date: _____

OFFICE:

RETURN THIS REPORT TO:

U. S. Probation Officer
1330 Broadway, Room #400
Oakland, CA 94612

b(6) and (7)(C) SUPERVISION REPORT FOR MONTH OF April, 1988 **REDACTED**
Questions that pertain to the month indicated (above and MUST be completely answered)

NAME: PHILLIP CARRIDO
Current and Mailing Address (Include Zip Code):

Telephone Number:

Have you moved? Yes No XXX
If yes, give date and explain:

List all persons in your residence:

Have you changed jobs? Yes No X
If yes, explain:

(B(6))/(B(7)(C)) - MOTHER

PHYLLIS CARRIDO - - WIFE

Current and Address of employer or school:

If unemployed, how did you support yourself?

Description and gross amount earned:

List debts past due and amounts:

Maintenance work

How many days of work or school did you have this month? Why?

Were you arrested or questioned by law enforcement officials? Yes No XXXX

If yes:

Date:

Place:

List all money received other than from employment (Include spouse's income) and source.

Details:

PHYLLIS CARRIDO

List any anticipated travel for the next 30 days:

List all vehicles owned or driven by you:

If you have a fine or restitution obligation, have you made your payment this month?

Yes X No

If no, explain:

YEAR MAKE COLOR LICENSE NO.

1988 DODGE VAN GREEN

1988 DODGE VAN WHITE

Do you have a Special Condition (Alcohol, Drug, Mental Health Aftercare or Community Service), and miss any scheduled sessions?

NOTE: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001)

SIGNATURE: Phillip Carrido

DATE:

Please mail me additional Supervision Report Forms.

PROBATION OFFICER:

Date:

RETURN THIS REPORT TO:

QUESTIONS:

U. S. Probation Officer
1330 Broadway, Room #400
Oakland, CA 94612

NAME: <u>PHILLIP GARRIDO</u>		Telephone Number: _____
Home and Mailing Address (Include Zip Code): _____		Have you moved? Yes ___ No <u>XXX</u> If yes, give date and explain: _____
All persons in your residence: (B(6))/(B(7)(C)) <u>MOIHER</u> <u>PHY GARRIDO</u> -- <u>WIFE</u>		Have you changed jobs? Yes ___ No <u>X</u> If yes, explain: _____
Home and Address of employer or school: _____		If unemployed, how did you support yourself? <u>0</u>
Occupation and gross amount earned: <u>Smiley Employment</u> <u>Maintenance work</u>		List debts past due and amounts: <u>0</u>
Many days of work or school did you miss? <u>0</u> Why? _____		Were you arrested or questioned by law enforcement officials? Yes ___ No <u>XXX</u> If yes: _____ Date: _____ Place: _____
All money received other than from employment (Include spouse's income) _____ Source: <u>PHY GARRIDO --</u>		Details: _____ List any anticipated travel for the next 30 days: <u>0</u>
All vehicles owned or driven by you: MAKE COLOR LICENSE NO. <u>DODGE VAN GREEN</u> <u>DODGE VAN WHITE</u>		If you have a fine or restitution obligation, have you made your payment this month? Yes <u>X</u> No ___ If no, explain: _____

Do you have a Special Condition (Alcohol, Drug, Mental Health Aftercare or Community Service), and miss any scheduled sessions?

IF A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001)

SIGNATURE: Phil Garrido DATE: _____

Please mail me additional Supervision Report Forms.

PROBATION OFFICER: _____ Date: _____	RETURN THIS REPORT TO: <u>U. S. Probation Officer</u> 1330 Broadway, Room #400 Oakland, CA 94612
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b(6) and (7)(C)

SUPERVISION REPORT FOR MONTH OF MAY
Questions pertain to : month indicated above and MUS

REDACTED

(If completely answered)

PHILLIP GARRIDO

Address (Include Zip Code):

Telephone Number:

Have you moved? Yes No XXX

If yes, give date and explain:

All persons in your residence:

-- MOTHER

PHILIP GARRIDO

-- WIFE

Have you changed jobs? Yes No ✓

If yes, explain:

and Address of employer or school:

If unemployed, how did you support yourself?

Description and gross amount earned:

List debts past due and amounts:

many days of work or school did you
Why?

Were you arrested or questioned by law
enforcement officials? Yes No XXXX

If yes:

Date:

Place:

None
all money received other than from
payment (Include spouse's income)
source.

Details:

PHILIP GARRIDO --

List any anticipated travel for the next
30 days:

All vehicles owned or driven by you:

YEAR MAKE COLOR LICENSE NO.

66 DODGE VAN GREEN

89 DODGE VAN WHITE

If you have a fine or restitution obligation,
have you made your payment this month?

Yes No

If no, explain:

Do you have a Special Condition (Alcohol, Drug, Mental Health Aftercare or Community Service),
miss any scheduled sessions?

A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF
PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001)

SIGNATURE: Phil Garrido

DATE: 6/10/90

Please mail me additional Supervision Report Forms.

RECEIVED

PROBATION OFFICER:

Date: 6-22-90

COMMENTS:

JUN 22 1990

PROBATION OFFICE
OAKLAND, CALIF.
JUN 22 1990

RETURN THIS REPORT TO:

U. S. Probation Officer
1330 Broadway, Room #400
Oakland, CA 94612

REDACTED

NAME: <u>PHILLIP CARRIDO</u>	Telephone Number:
Current and Mailing Address (Include Zip Code):	Have you moved? Yes <u> </u> No <u>XXX</u> If yes, give date and explain:
List all persons in your residence: (b)(6)/(b)(7)(C) - MOTHER NANCY CARRIDO - WIFE	Have you changed jobs? Yes <u> </u> No <u>2</u> If yes, explain:
Name and Address of employer or school:	If unemployed, how did you support yourself?
Description and gross amount earned:	List debts past due and amounts: <u>0</u>
How many days of work or school did you miss <u>0</u> Why?	Were you arrested or questioned by law enforcement officials? Yes <u> </u> No <u>XXX</u> If yes: Date: <u> </u> Place: <u> </u>
List all money received other than from employment (Include spouse's income) and source.	Details: List any anticipated travel for the next 30 days: <u>None</u>
List all vehicles owned or driven by you: YEAR MAKE COLOR LICENSE NO. 66 DODGE VAN GREEN 89 DODGE VAN WHITE	If you have a fine or restitution obligation, have you made your payment this month? Yes <u> </u> No <u> </u> If no, explain:

Do you have a Special Condition (Alcohol, Drug, Mental Health Aftercare or Community Service), and do you miss any scheduled sessions?

NOTE: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001)

SIGNATURE: Phil Carrido

DATE: 7-2-90

Please mail me additional Supervision Report Forms.

PROBATION OFFICER:

Date: 7-16-90

QUESTIONS:

RETURN THIS REPORT TO:

U. S. Probation Officer
1330 Broadway, Room #400
Oakland, CA 94612

D(6) and (7)(C) SUPERVISION REPORT FOR MONTH OF Aug 1990, 19 90 **REDACTED**
(All questions pertain to the month indicated above and must be completely answered)

NAME: PHILLIP GARRIDO

Telephone Number:

Home and Mailing Address (Include Zip Code):

Have you moved? Yes No XXX
If yes, give date and explain:

List all persons in your residence:

Have you changed jobs? Yes No
If yes, explain:

(B(6))/(B(7)(c)) MOTHER

WIFE GARRIDO -- WIFE

Employer and Address of employer or school:

If unemployed, how did you support yourself?

RECEIVED

AUG 20 1990

Description and gross amount earned:

List debts past due and amounts:

U.S. PROBATION OFFICE
SOUTHERN DIST. CALIF.
OAKLAND, CA

How many days of work or school did you work/school? Why?

Were you arrested or questioned by law enforcement officials? Yes No XXXX

If yes:

Date:

Place:

List all money received other than from employment (Include spouse's income) and source.

Details:

List any anticipated travel for the next 30 days:

List all vehicles owned or driven by you:

If you have a fine or restitution obligation, have you made your payment this month?

Yes No

If no, explain:

MAKE COLOR LICENSE NO.

06 DODGE VAN GREEN

88 DODGE VAN WHITE

Do you have a Special Condition (Alcohol, Drug, Mental Health Aftercare or Community Service), and miss any scheduled sessions?

NOTE: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001)

SIGNATURE: Philip Garrido

DATE: Aug 3, 90

Please mail me additional Supervision Report Forms.

PROBATION OFFICER

Date: 8-22-90

RETURN THIS REPORT TO:

COMMENTS:

U. S. Probation Officer
1330 Broadway, Room #400
Oakland, CA 94612

b(1) and (7)(C)

REDACTED

8/90

Name: Phillip Garrido
Street and Mailing Address (Include Zip Code):

Telephone Number:

Have you moved? Yes No
If yes, give date and explain:

List all persons in your residence:

mother
NANCY GARRIDO wife

Have you changed jobs? Yes No
If yes, explain:

Name and Address of employer or school:

If unemployed, how did you support yourself?

Job description and gross amount earned:

SALES AND MANAGEMENT

RECEIVED

List debts past due and amounts:

SEP 14 1990

CLERK OF SUPERIOR COURT
SOUTHERN DIST. CALIF.
OAKLAND

How many days of work or school did you miss? 0 Why?

Were you arrested or questioned by law enforcement officials? Yes No

If yes:

Date:

Place:

List all money received other than from employment (Include spouse's income)
Give source.

Details:

List any anticipated travel for the next 30 days:

List all vehicles owned or driven by you:

YEAR	MAKE	COLOR	LICENSE NO.
1. 1989	Dodge	WHITE	
2. 1965	Dodge	GREEN	
3.			
4.			

If you have a fine or restitution obligation, have you made your payment this month?

Yes No

If no, explain:

If you have a Special Condition (Alcohol, Drug, Mental Health Aftercare or Community Service), did you miss any scheduled sessions?

NOTE: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1C01)

SIGNATURE: [Signature]

DATE: 9-3-90

☐ Please mail me additional Supervision Report Forms.

PROBATION OFFICER:

Date: 9-17-90

RETURN THIS REPORT TO:

COMMENTS:

U. S. Probation Officer

0(6) and (7)(C) SUPERVISION REPORT FOR MONTH OF Sept. 1990 **REDACTED**
Questions pertain to the month indicated above and MU be completely answered)

NAME: <u>PHILIP GARRIDO</u>	Telephone Number: _____												
Address and Mailing Address (Include Zip Code): _____	Have you moved? Yes _____ No <u>XXX</u> If yes, give date and explain: _____												
All persons in your residence: (B(6))/(B(7)(c)) <u>MOTHER</u> <u>JOSEY GARRIDO</u> -- WIFE	Have you changed jobs? Yes _____ No <u>X</u> If yes, explain: _____												
Address of employer or school: _____	If unemployed, how did you support yourself? _____												
Description and gross amount earned: _____	List debts past due and amounts: <u>0</u>												
How many days of work or school did you work <u>0</u> Why? _____	Were you arrested or questioned by law enforcement officials? Yes _____ No <u>XXX</u> If yes: RECEIVED Date: _____ Place: _____ <u>OCT 19 1990</u> Details: <u>U.S. PROBATION OFFICE</u> <u>EASTHERN DIST. CALIF.</u>												
All money received other than from employment (Include spouse's income) or source. _____	List any anticipated travel for the next 30 days: <u>0</u>												
All vehicles owned or driven by you: <table border="1"><thead><tr><th>YEAR</th><th>MAKE</th><th>COLOR</th><th>LICENSE NO.</th></tr></thead><tbody><tr><td>86</td><td>DODGE VAN</td><td>GREEN</td><td></td></tr><tr><td>89</td><td>DODGE VAN</td><td>WHITE</td><td></td></tr></tbody></table>	YEAR	MAKE	COLOR	LICENSE NO.	86	DODGE VAN	GREEN		89	DODGE VAN	WHITE		If you have a fine or restitution obligation, have you made your payment this month? Yes _____ No _____ If no, explain: _____ <u>0</u>
YEAR	MAKE	COLOR	LICENSE NO.										
86	DODGE VAN	GREEN											
89	DODGE VAN	WHITE											

Do you have a Special Condition (Alcohol, Drug, Mental Health Aftercare or Community Service), or miss any scheduled sessions?

IF A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001)

SIGNATURE: Philip Garrido DATE: 10/1/90

Please mail me additional Supervision Report Forms.

PROBATION OFFICER: _____	Date: <u>10-15-90</u>	RETURN THIS REPORT TO: U. S. Probation Officer 1330 Broadway, Room #400 Oakland, CA 94612
OFFICER: _____		

(6) and (7)(G) SUPERVISION REPORT FOR MONTH OF OCT 1990 **REDACTED**
(All questions pertain to the month indicated above and MUST be completely answered)

NAME: <u>PHILLIP GARRIDO</u>	Telephone Number:
Present and Mailing Address (Include Zip Code):	Have you moved? Yes ___ No <u>XXX</u> If yes, give date and explain:
All persons in your residence: (P/R/V) -- MOTHER ANGY GARRIDO -- WIFE	Have you changed jobs? Yes ___ No <u>✓</u> If yes, explain:
Name and Address of employer or school:	If unemployed, how did you support yourself?
Description and gross amount earned:	List debts past due and amounts: <u>0</u>
Many days of work or school did you miss? <u>10</u> Why?	Were you arrested or questioned by law enforcement officials? Yes ___ No <u>XXXX</u> If yes: Date: _____ Place: _____
All money received other than from employment (Include spouse's income) and source.	Details: List any anticipated travel for the next 30 days: <u>0</u>
All vehicles owned or driven by you: MAKE COLOR LICENSE NO. 66 DODGE VAN GREEN 89 DODGE VAN WHITE	If you have a fine or restitution obligation, have you made your payment this month? Yes ___ No <u>ONE</u> If no, explain:

Do you have a Special Condition (Alcohol, Drug, Mental Health Aftercare or Community Service), miss any scheduled sessions?

A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001)

SIGNATURE: Phil Garrido DATE: Nov 7, 1990

Please mail me additional Supervision Report Forms.

PROBATION OFFICER

NOTES:

Date: 11-13-90

RECEIVED

NOV 13 1990

U. S. PROBATION OFFICE
NORTHERN DIST. CALIF.
OAKLAND

RETURN THIS REPORT TO:

U. S. Probation Officer
1330 Broadway, Room #400
Oakland, CA 94612

NAME: <u>PHILIP GARRIDO</u> and Mailing Address (Include Zip Code):	Telephone Number: Have you moved? Yes <u> </u> No <u>XXX</u> If yes, give date and explain:
All persons in your residence: (B(6))/(B(7)(c)) <u>MOTHER</u> <u>NANCY GARRIDO</u> -- WIFE	Have you changed jobs? Yes <u> </u> No <u>2</u> If yes, explain:

Address and Address of employer or school:	If unemployed, how did you support yourself?
--	--

RECEIVED

Description and gross amount earned: <u>DEC 17 1990</u> U.S. PROBATION OFFICE NORTHERN DIST. CALIF. OAKLAND	List debts past due and amounts: <u>0</u>
---	--

How many days of work or school did you <u>0</u> Why?	Were you arrested or questioned by law enforcement officials? Yes <u> </u> No <u>XXXX</u> If yes: Date: <u> </u> Place: <u> </u>
--	---

All money received other than from employment (Include spouse's income) or source.	Details: List any anticipated travel for the next 30 days: <u>0</u>
--	--

All vehicles owned or driven by you: MAKE <u> </u> COLOR <u> </u> LICENSE NO. <u> </u> <u>89 DODGE VAN GREEN</u> <u>89 DODGE VAN WHITE</u>	If you have a fine or restitution obligation, have you made your payment this month? Yes <u> </u> No <u> </u> If no, explain: <u>0</u>
---	--

Do you have a Special Condition (Alcohol, Drug, Mental Health Aftercare or Community Service), do you miss any scheduled sessions? Yes <u> </u> No <u>1</u> . If yes, give dates and reasons:
--

A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF
PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001)

SIGNATURE: Philip Garrido DATE: 12-3-90

Please mail me additional Supervision Report Forms.

PROBATION OFFICER: RECEIVED:	Date: <u>12-17-90</u>	RETURN THIS REPORT TO: U. S. Probation Officer 1330 Broadway, Room #400 Oakland, CA 94612
-------------------------------------	-----------------------	--

Name: <u>Phillip Garrido</u>	Telephone Number:
Street and Mailing Address (Include Zip Code):	Have you moved? Yes ___ No <u>X</u> If yes, give date and explain:
List all persons in your residence: (B(6))/(B(7)(C)) <u>- Mom</u> <u>Nancy Garrido - wife</u>	Have you changed jobs? Yes ___ No <u>X</u> If yes, explain:
Name and Address of employer or school:	If unemployed, how did you support yourself? <u>D</u>
Job description and gross amount earned:	List debts past due and amounts: <u>D</u>
How many days of work or school did you miss? <u>0</u> Why?	Were you arrested or questioned by law enforcement officials? Yes ___ No <u>X</u> If yes: Date: _____ Place: _____
List all money received other than from employment (Include spouse's income) Give source. <u> </u>	Details:
<u> </u>	List any anticipated travel for the next 30 days:
List all vehicles owned or driven by you: YEAR MAKE COLOR LICENSE NO. 1. <u>66 Dodge Green</u> 2. _____ 3. _____ 4. _____	If you have a fine or restitution obligation, have you made your payment this month? Yes ___ No <u>X</u> If no, explain:

If you have a Special Condition (Alcohol, Drug, Mental Health Aftercare or Community Service), did you miss any scheduled sessions?

NOTE: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001)

SIGNATURE: Phil Garrido DATE: Dec 1990

☐ Please mail me additional Supervision Report Forms.

PROBATION OFFICER: _____ Date: _____	RETURN THIS REPORT TO: U. S. Probation Officer 1330 Broadway, Room #400 Oakland CA 94612
COMMENTS:	

Name: <u>Philip David</u>	Telephone Number: _____
Street and Mailing Address (Include Zip Code): _____	Have you moved? Yes _____ No <u>+</u> If yes, give date and explain: _____
List all persons in your residence: (B(6))/(B(7)(c)) <u>mother</u> <u>Nancy Janick - wife</u>	Have you changed jobs? Yes _____ No <u>X</u> If yes, explain: _____
Name and Address of employer or school: _____	If unemployed, how did you support yourself? _____
Job description and gross amount earned: _____	List debts past due and amounts: _____
How many days of work or school did you miss? _____ Why? <u>0</u>	U.S. PROBATION OFFICE NORTHERN DISTRICT OF CALIF. OAKLAND Have you been arrested or questioned by law enforcement officials? Yes _____ No <u>Y</u> Date: _____ Place: _____
List all money received other than from employment (Include spouse's income) Give source. _____	Details: _____
_____	List any anticipated travel for the next 30 days: <u>0</u>
List all vehicles owned or driven by you: YEAR MAKE COLOR LICENSE NO. 1. <u>66 Dodge Green</u> 2. _____ 3. _____ 4. _____	If you have a fine or restitution obligation, have you made your payment this month? Yes _____ No _____ If no, explain: _____

If you have a Special Condition (Alcohol, Drug, Mental Health Aftercare or Community Service), did you miss any scheduled sessions? _____

NOTE: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001)

SIGNATURE: Phil David DATE: 1-91

☐ Please mail me additional Supervision Report Forms.

PROBATION OFFICER: _____ COMMENTS: _____	Date: <u>2-5-91</u> RETURN THIS REPORT TO: U. S. Probation Officer 1330 Broadway, Room #400 Oakland CA 94612
---	--

NAME: <u>PHILLIP CARRIDO</u>	Telephone Number:
Address and Mailing Address (Include Zip Code):	Have you moved? Yes <u> </u> No <u>XXX</u> If yes, give date and explain:
All persons in your residence: (B(6))/(B(7)(c)) <u>MOTHER</u> <u>MARY CARRIDO</u> - - <u>WIFE</u>	Have you changed jobs? Yes <u>✓</u> No <u> </u> If yes, explain:
Address of employer or school:	If unemployed, how did you support yourself?
Description and gross amount earned: <u>0</u>	List debts past due and amounts: <u>0</u>
How many days of work or school did you work? <u> </u> Why? <u> </u>	Were you arrested or questioned by law enforcement officials? Yes <u>X</u> No <u> </u> If yes: Date: <u> </u> Place: <u> </u>
All money received other than from employment (Include spouse's income) <u> </u> source.	Details: <u> </u>
	List any anticipated travel for the next 30 days: <u>0</u>
All vehicles owned or driven by you: MAKE <u> </u> COLOR <u> </u> LICENSE NO. <u> </u> <u>DOGE VAN GREEN</u> <u>DOGE VAN WHITE</u>	If you have a fine or restitution obligation, have you made your payment this month? Yes <u> </u> No <u> </u> If no, explain: <u> </u>

RECEIVED

MAR - 6 1991

U.S. PROBATION OFFICE
NORTHERN DIST. CALIF.

Do you have a Special Condition (Alcohol, Drug, Mental Health Aftercare or Community Service), or miss any scheduled sessions?

IF A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001)

SIGNATURE: Phil Carrido DATE: 3/1/91

Please mail me additional Supervision Report Forms.

PROBATION OFFICER:	Date: <u> </u>	RETURN TO: <u> </u> U. S. Probation Officer 1330 Broadway, Room #400 Oakland, CA 94612
COMMENTS:		

b(6) and (7)(C)

SUPERVISION REPORT FOR MONTH OF June, 1992

REDACTED

(All questions pertain to the month indicated above and MUST be completely answered)

Name: <u>Phillip Garrido</u> Street and Mailing Address (Include Zip Code): 		Telephone Number: Have you moved? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, give date and explain:																					
List all persons in your residence: <u>NAUCY GARRIDO wife</u> <u>mom</u>		Have you changed jobs? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, explain:																					
Name and Address of employer or school:		If unemployed, how did you support yourself?																					
Job description and gross amount earned:		List debts past due and amounts: 																					
How many days of work or school did you miss? <u>0</u> Why?		Were you arrested or questioned by law enforcement officials? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes: Date: Place:																					
List all money received other than from employment (Include spouse's income) Give source. <u>wife</u>		Details:																					
 		List any anticipated travel for the next 30 days:																					
List all vehicles owned or driven by you: <table border="1"> <thead> <tr> <th>YEAR</th> <th>MAKE</th> <th>COLOR</th> <th>LICENSE NO.</th> </tr> </thead> <tbody> <tr> <td>1. <u>66</u></td> <td><u>Olds</u></td> <td><u>green</u></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4.</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		YEAR	MAKE	COLOR	LICENSE NO.	1. <u>66</u>	<u>Olds</u>	<u>green</u>		2.				3.				4.				If you have a fine or restitution obligation, have you made your payment this month? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, explain:	
YEAR	MAKE	COLOR	LICENSE NO.																				
1. <u>66</u>	<u>Olds</u>	<u>green</u>																					
2.																							
3.																							
4.																							

If you have a Special Condition (Alcohol, Drug, Mental Health Aftercare or Community Service), did you miss any scheduled sessions?

NOTE: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001)

SIGNATURE: [Signature] DATE: 7-3-91
 YOU MUST ATTACH YOUR LAST YOUR LAST EARNINGS STATEMENT

☐ Please mail me additional Supervision Report Forms.

PROBATION OFFICER: _____

Date: _____

COMMENTS:

RETURN THIS REPORT TO:

Senior U. S. Probation Officer
 1330 Broadway, Room #400
 Oakland, CA 94612

6) and (7)(c) SUPERVISION REPORT FOR MONTH OF July, 19 94
(All questions pertain to month indicated above and MUST be completely answered)

REDACTED

NAME: <u>PHILLIP CARRIDO</u> and Mailing Address (Include Zip Code):	Telephone Number: Have you moved? Yes <u> </u> No <u>XXX</u> If yes, give date and explain:
All persons in your residence: (B)(6)/(B)(7)(c) -- MOTHER <u>JOSEY CARRIDO</u> -- WIFE	Have you changed jobs? Yes <u> </u> No <u> </u> If yes, explain:
Address of employer or school:	If unemployed, how did you support yourself?
Description and gross amount earned:	List debts past due and amounts: <u>0</u>
How many days of work or school did you <u>0</u> Why?	Were you arrested or questioned by law enforcement officials? Yes <u> </u> No <u>XXXX</u> If yes: Date: <u> </u> Place: <u> </u>
All money received other than from employment (Include spouse's income) or source. <u>JOSEY CARRIDO --</u>	Details: List any anticipated travel for the next 30 days: <u>0</u>
All vehicles owned or driven by you: MAKE <u> </u> COLOR <u> </u> LICENSE NO. <u> </u> <u>DODGE VAN GREEN</u> <u>DODGE VAN WHITE</u>	If you have a fine or restitution obligation, have you made your payment this month? Yes <u> </u> No <u> </u> If no, explain: <u>0</u>

Do you have a Special Condition (Alcohol, Drug, Mental Health Aftercare or Community Service), or miss any scheduled sessions?

A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001)

SIGNATURE: [Signature] DATE: 7-29-94

Please mail me additional Supervision Report Forms.

PROBATION OFFICER: <u> </u> Date: <u> </u>	RETURN THIS REPORT TO: <u> </u> U. S. Probation Officer 1330 Broadway, Room #400 Oakland, CA 94612
--	--

b(6) and (7)(C) SUPERVISION REPORT FOR MONTH OF Aug, 1988
(All questions pertain to month indicated above and MUST be completely answered)

NAME: <u>PHILLIP CARRIDO</u>	Telephone Number: _____
Home and Mailing Address (Include Zip Code): _____	Have you moved? Yes ___ No <u>XXX</u> If yes, give date and explain: _____
All persons in your residence: (B(6))/(B(7)(c)) -- MOTHER NANCY CARRIDO -- WIFE	Have you changed jobs? Yes ___ No <u>✓</u> If yes, explain: _____
Name and Address of employer or school: _____	If unemployed, how did you support yourself? _____
Description and gross amount earned: _____	List debts past due and amounts: _____ 0
How many days of work or school did you work? _____ Why? _____	Were you arrested or questioned by law enforcement officials? Yes ___ No <u>XXX</u> If yes: Date: _____ Place: _____
All money received other than from employment (Include spouse's income) and source. NANCY CARRIDO --	Details: _____ List any anticipated travel for the next 30 days: _____ 0
All vehicles owned or driven by you: YEAR MAKE COLOR LICENSE NO. 1987 DODGE VAN GREEN 1987 DODGE VAN GREEN	If you have a fine or restitution obligation, have you made your payment this month? Yes ___ No ___ If no, explain: _____ 0

Do you have a Special Condition (Alcohol, Drug, Mental Health Aftercare or Community Service), and miss any scheduled sessions?

IF A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001)

SIGNATURE: Phil. Santos DATE: 8-30-91

Please mail me additional Supervision Report Forms.

PROBATION OFFICER: _____ Date: _____

QUESTIONS: _____
RETURN THIS REPORT TO:
U. S. Probation Officer
1330 Broadway, Room #400
Oakland, CA 94612

b(6) and (7)(C) SUPERVISION REPORT FOR MONTH OF SEP, 1997 **REDACTED**
(All questions pertain to the month indicated above and MUST be completely answered)

Name: Phillip Garrido

Telephone Number:

Street and Mailing Address (Include Zip Code):

Have you moved? Yes No
If yes, give date and explain:

List all persons in your residence:

(B(6))/(B(7)(C)) mom

Nancy Garrido wife

Have you changed jobs? Yes No
If yes, explain:

Name and Address of employer or school:

If unemployed, how did you support yourself?

Job description and gross amount earned:

self employed

List debts past due and amounts:

How many days of work or school did you miss? 2 Why?

Were you arrested or questioned by law enforcement officials? Yes No

If yes:

Date:

Place:

List all money received other than from employment (Include spouse's income)
Give source.

wife

Details:

List any anticipated travel for the next 30 days:

List all vehicles owned or driven by you:

YEAR MAKE COLOR LICENSE NO.

1. 65 Dodge

2.

3.

4.

1991 Ford

RECEIVED

If you have a fine or restitution obligation, have you made your payment this month?

Yes No

If no, explain:

If you have a Special Condition (Alcohol, Drug, Mental Health Aftercare or Community Service), did you miss any scheduled sessions?

NOTE: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001)

SIGNATURE: Phillip Garrido

DATE: Sept 30, 1997

☐ Please mail me additional Supervision Report Forms.

PROBATION OFFICER: _____ Date: _____

COMMENTS:

RETURN THIS REPORT TO:

Senior U. S. Probation Officer
1330 Broadway, Room #400
Oakland, CA 94612

b(6) and (7)(C)

REDACTED

SUPERVISION REPORT FOR MONTH OF OCT, 1991

All questions pertain to the month indicated above and MUST be completely answered)

Phillip Garrison
Set and Mailing Address (Include Zip Code):

Telephone Number:

Have you moved? Yes No ☒
If yes, give date and explain:

List all persons in your residence:

mom

Have you changed jobs? Yes No ☒
If yes, explain:

Name and Address of employer or school:

If unemployed, how did you support yourself?

Job description and gross amount earned:

List debts past due and amounts:

How many days of work or school did you miss? 0 Why?

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NOV 12 1991
U.S. PROBATION OFFICE
NORTHERN DIST. CALIF.
OAKLAND

Were you arrested or questioned by law enforcement officials? Yes No ☒

If yes:

Date:

Place:

List all money received other than from employment (Include spouse's income)
Give source.

Details:

List any anticipated travel for the next 30 days:

List all vehicles owned or driven by you:
YEAR MAKE COLOR LICENSE NO.

1. 66 Dodge Green
- 2.
- 3.
- 4.

If you have a fine or restitution obligation, have you made your payment this month?

Yes No
If no, explain:

If you have a Special Condition (Alcohol, Drug, Mental Health Aftercare or Community Service), did you miss any scheduled sessions?

NOTE: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001)

SIGNATURE: Phillip Garrison

DATE: 10/30/91

☐ Please mail me additional Supervision Report Forms.

PROBATION OFFICER: _____

Date: _____

COMMENTS:

RETURN THIS REPORT TO:

Senior U. S. Probation Officer
1330 Broadway, Room #400
Oakland, CA 94612

D(6) and (7)(C)

REDACTED

SUPERVISION REPORT FOR MONTH OF NOV, 1991

(All questions pertain to the month indicated above and MUST be completely answered)

Name: Phillip Garrido
Street and Mailing Address (Include Zip Code):

Telephone Number:

Have you moved? Yes No
If yes, give date and explain:

List all persons in your residence:

NANCY wife

Have you changed jobs? Yes No
If yes, explain:

Name and Address of employer or school:

If unemployed, how did you support yourself?

Job description and gross amount earned:

worked for REALESTATE
in family

List debts past due and amounts:

How many days of work or school did you miss? 0 Why?

Were you arrested or questioned by law enforcement officials? Yes No

If yes:

Date:

Place:

List all money received other than from employment (Include spouse's income)

Give source.

Details:

wife

List any anticipated travel for the next 30 days:

List all vehicles owned or driven by you:

YEAR MAKE COLOR LICENSE NO.

1. 66 dodge green

2.

3.

4.

If you have a fine or restitution obligation, have you made your payment this month?

Yes No

If no, explain:

If you have a Special Condition (Alcohol, Drug, Mental Health Aftercare or Community Service), did you miss any scheduled sessions?

NOTE: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001)

SIGNATURE: Phil Garrido

DATE:

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YOU MUST ATTACH YOUR LAST EARNINGS STATEMENT

Please mail me additional Supervision Report Forms.

DEC 20 1991

PROBATION OFFICER:

Date:

COMMENTS:

U.S. PROBATION OFFICE
RECEIVED TO:

Senior U. S. Probation Officer
1330 Broadway, Room #400
Oakland, CA 94612

b(6) and (7)(C) SUPERVISION REPORT FOR MONTH OF Dec **REDACTED**

(All questions pertain to the month indicated above and must be completely answered)

Name: Phillip Garrison
Street and Mailing Address (Include Zip Code):

Telephone Number:

Have you moved? Yes No
If yes, give date and explain:

List all persons in your residence:

Have you changed jobs? Yes No
If yes, explain:

(B(6))/(B(7)(C))
NANCY Garrison

Name and Address of employer or school:

If unemployed, how did you support yourself?

same

Job description and gross amount earned:

List debts past due and amounts:

How many days of work or school did you miss? Why?

Were you arrested or questioned by law enforcement officials? Yes No

If yes:

Date:

Place:

List all money received other than from employment (Include spouse's income)
Give source.

Details:

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NORTHERN DIST. CALIF.
OAKLAND

wife

List any anticipated travel for the next 30 days:

List all vehicles owned or driven by you:

If you have a fine or restitution obligation, have you made your payment this month?

YEAR MAKE COLOR LICENSE NO.

1. 66 Dodge green

2.

3.

4.

Yes No

If no, explain:

If you have a Special Condition (Alcohol, Drug, Mental Health Aftercare or Community Service), did you miss any scheduled sessions?

NOTE: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001)

SIGNATURE: Phil Garrison

DATE: 1-2-92



Please mail me additional Supervision Report Forms.

PROBATION OFFICER:

Date:

RETURN THIS REPORT TO:

COMMENTS:

Senior U. S. Probation Officer
1330 Broadway, Room #400
Oakland, CA 94612

0(6) and (7)(C) SUPERVISION REPORT FOR MONTH OF Feb, 1992 **REDACTED**
(All questions pertain to the month indicated above and MUST be completely answered)

NAME: PHILLIP GARRIDO

Telephone Number:

Age and Mailing Address (Include Zip Code):

Have you moved? Yes No XXX
If yes, give date and explain:

All persons in your residence:

Have you changed jobs? Yes No
If yes, explain:

(B(6))/(B(7)(c)) -- MOTHER
WENDY GARRIDO -- WIFE

Name and Address of employer or school:

If unemployed, how did you support yourself?

Description and gross amount earned:

List debts past due and amounts:

How many days of work or school did you
attend 0 Why?

Were you arrested or questioned by law
enforcement officials? Yes No XXXX

If yes:

Date:

Place:

List all money received other than from
employment (Include spouse's income)
and source.

Details:

WENDY GARRIDO --

List any anticipated travel for the next
30 days:

List all vehicles owned or driven by you:

YEAR MAKE COLOR LICENSE NO.

62 DOGE VAN GREEN

62 DOGE VAN WHITE

If you have a fine or restitution obligation,
have you made your payment this month?

Yes No

If no, explain:

Do you have a Special Condition (Alcohol, Drug, Mental Health Aftercare or Community Service),
or miss any scheduled sessions?

WARNING: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF
PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001)

SIGNATURE:

DATE: 3-10-92

Please mail me additional Supervision Report Forms.

PROBATION OFFICER:

Date:

REMARKS:

RETURN THIS REPORT TO:

U. S. Probation Officer
1330 Broadway, Room #400
Oakland, CA 94612

b(6) and (7)(C)

SUPERVISION REPORT FOR MONTH OF

JAN

1990

REDACTED

(All questions pertain to month indicated above and MUST be completely answered)

NAME: PHILIP CARRIDO

Home and Mailing Address (Include Zip Code):

Telephone Number:

Have you moved? Yes No XXX
If yes, give date and explain:

List all persons in your residence:

(B(6))/(B(7)(C)) -- MOTHER

NANCY CARRIDO -- WIFE

Have you changed jobs? Yes No L
If yes, explain:

Name and Address of employer or school:

If unemployed, how did you support yourself?

Description and gross amount earned:

2

List debts past due and amounts:

0

How many days of work or school did you miss? Why?

0

Were you arrested or questioned by law enforcement officials? Yes No XXXX

If yes:

Date:

Place: RECEIVED

Details:

List any anticipated travel within 30 days:

U.S. PROBATION OFFICE
NORTHERN DIST. CALIF.
OAKLAND

List all vehicles owned or driven by you:

YEAR MAKE COLOR LICENSE NO.

89 DODGE VAN GREEN

89 DODGE VAN WHITE

If you have a fine or restitution obligation, have you made your payment this month?

Yes No

If no, explain:

Do you have a Special Condition (Alcohol, Drug, Mental Health Aftercare or Community Service), and miss any scheduled sessions?

WARNING: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001)

SIGNATURE:

DATE:

1-30-92

Please mail me additional Supervision Report Forms.

Mailed 3-18-92 in

PROBATION OFFICER:

Date:

RETURN THIS REPORT TO:

U. S. Probation Officer
1330 Broadway, Room #400
Oakland, CA 94612

0(6) and (7)(C)

SUPERVISION REPORT FOR MONTH OF March, 1992

(All questions pertain to month indicated above and NO. be completely answered)

REDACTED

Name: Philip Garrido

Telephone Number: _____

Street and Mailing Address (Include Zip Code): _____

Have you moved? Yes No
If yes, give date and explain: _____

List all persons in your residence:

Have you changed jobs? Yes No
If yes, explain: _____

Nancy wife
(B(6)/(B(7)(C) mom

Name and Address of employer or school: _____

If unemployed, how did you support yourself?

Job description and gross amount earned:

List debts past due and amounts: _____
U.S. PROBATION OFFICE
NORTHERN DIST. COURT
OAKLAND

MANAGER, for REAL ESTATE

How many days of work or school did you miss? 5 Why? _____

Were you arrested or questioned by law enforcement officials? Yes No

BACK PAIN

If yes: _____

Date: _____

Place: _____

List all money received other than from employment (Include spouse's income)
Give source.

Details: _____

wife

List any anticipated travel for the next 30 days: _____

List all vehicles owned or driven by you:

If you have a fine or restitution obligation, have you made your payment this month?

YEAR MAKE COLOR LICENSE NO.

1. 1986 BMW GREEN
2. BMW BMW
3. _____
4. _____

Yes No

If no, explain: _____

If you have a Special Condition (Alcohol, Drug, Mental Health Aftercare or Community Service), did you miss any scheduled sessions?

NOTE: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001)

SIGNATURE: Philip Garrido

DATE: 3-30-92

YOU MUST ATTACH YOUR LAST EARNINGS STATEMENT



Please mail me additional Supervision Report Forms.

PROBATION OFFICER: _____

Date: _____

COMMENTS: _____

RETURN THIS REPORT TO:

Senior U. S. Probation Officer
1330 Broadway, Room #400
Oakland, CA 94612

REDACTED

SUPERVISION REPORT FOR MONTH OF

(b)(6) and (7)(C)

(All questions pertain to month indicated above and MUST be completely answered)

Name: Phillip James
Street and Mailing Address (Include Zip Code):

Telephone Number:

Have you moved? Yes ___ No X
If yes, give date and explain:

List all persons in your residence:

(B(6))/(B(7)(c))

mom

Have you changed jobs? Yes ___ No X
If yes, explain:

Name and Address of employer or school:

If unemployed, how did you support yourself?

Job description and gross amount earned:

Insurance
(Real Estate)

List debts past due and amounts:

2

How many days of work or school did you miss? 0 Why?

Were you arrested or questioned by law enforcement officials? Yes ___ No X

If yes:

Date:

RECEIVED

Place:

MAY 5 1992

Details:

U.S. PROBATION OFFICE
NORTHERN DIST. CALIF.

List all money received other than from employment (Include spouse's income)
Give source.

List any anticipated travel for the next 30 days:

OAKLAND
0

List all vehicles owned or driven by you:

YEAR MAKE COLOR LICENSE NO.

1. 1984 Dodge Green
2.
3.
4.

If you have a fine or restitution obligation, have you made your payment this month?

Yes ___ No X

If no, explain:

If you have a Special Condition (Alcohol, Drug, Mental Health Aftercare or Community Service), did you miss any scheduled sessions?

NOTE: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN REVOCATION OF PROBATION, PAROLE, OR OTHER SUPERVISION (18 USC 1001)

SIGNATURE: Phillip James

DATE: 4/30/92

YOU MUST ATTACH YOUR LAST EARNINGS STATEMENT

Please mail me additional Supervision Report Forms.

PROBATION OFFICER: _____

Date: _____

COMMENTS:

RETURN THIS REPORT TO:

Senior U. S. Probation Officer
1330 Broadway, Room #400
Oakland, CA 94612

b(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF May, 19 92

Name: Philip Garrido Court Name (if different): _____

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

Street Address, Apt. Number: _____ Home Phone: _____ Pager Phone: _____ Other Phone: _____
 City, State, Zip Code: _____ Persons Living with you: _____

Complex/Subdivision: _____

Own or Rent? (Rent)

(B(6))/(B(7)(C))

Did you move during the month? ☐ Yes ☒ No- NANCY GARRIDO

Mailing Address (if different): _____

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? ☐ Yes ☐ No

How many days of work did you miss? _____ Why? _____

Position Held: _____

Gross Income: _____

Normal Work Hours: _____

 Did you change jobs? ☐ Yes ☒ No
 Were you terminated? ☐ Yes ☒ 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: _____

Tag Number: _____

Owner: _____

81 DODGE RAMYELLOWNANCY GARRIDO

2. Year/make/model: _____

Color: _____

Tag Number: _____

Owner: _____

66 DODGE RAMGREENSAME AS ABOVE

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment
(Attach proof of earnings)

Past Due Debts: _____

Amount Past Due: _____

Other Income: _____

TOTAL MONTHLY INCOME _____

TOTAL MONTHLY EXPENSES _____

Do you have a checking account? ☐ Yes ☒ NoDo you have a savings account? ☐ Yes ☐ No☐ Individual ☐ Joint Balance: _____☐ Individual ☐ Joint Balance: _____

Bank Name: _____

Bank Name: _____

Account Number: _____

Account Number: _____

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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 — If yes, amount paid during the month:

Special assessment: _____

Restitution: _____

Fine: _____

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?

(B(6))/(B(7)(C))

If yes, did you miss any sessions during this month?

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:

RECEIVED:

RECEIVED

JUN 15 1992

U.S. PROBATION OFFICE
NORTHERN DIST. CALIF.
OAKLAND

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

SENIOR U. S. PROBATION OFFICER
1330 BROADWAY, SUITE 400
OAKLAND, CA 94612-2504

S. Probation Officer

Date

REDACTED

PP 100-6
(Rev. 10-79)

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF May, 19 92

Name: Phillip Garcia Court Name (if different): Same

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

Street Address and Number: _____ Home Phone: _____ Pager Phone: 5 Other Phone: _____

City, State, Zip Code: _____ Persons Living with you: mother (B(6))/(B(7)(c)) Wife Nancy

Complex/Subdivision: 1 Own or Rent? Yes Did you move during the month? ☐ Yes ☒ No

Mailing Address (if different): Same as above If yes, date moved: 5 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? ☐ Yes ☐ No

How many days of work did you miss? _____ Why? _____

Position Held: _____ Gross Income: _____ Normal Work Hours: _____

Did you change jobs? ☐ Yes ☒ No If changed jobs or terminated, state when and why: _____
Were you terminated? ☐ Yes ☒ No

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

1. Year/make/model: NOT A FORD Color: Green Tag Number: _____ Owner: Phillip Garcia

66 DODGE VAN Color: Green Tag Number: _____ Owner: Nancy Garcia

2. Year/make/model: 1981 - DODGE VAN Color: Yellow Tag Number: _____ Owner: Nancy Garcia

Yellow

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment
(Attach proof of earnings)

Other Income: _____

TOTAL MONTHLY INCOME _____

TOTAL MONTHLY EXPENSES _____

Do you have a checking account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance: _____

Bank Name: _____

Account Number: _____

Past Due Debts: _____

Amount Past Due: _____

Do you have a savings account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance: _____

Bank Name: _____

Account Number: _____

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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

If yes, amount paid during the month:

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month?

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:

RECEIVED:

Mail

OC

HC

CC

RETURN TO:

SENIOR U. S. PROBATION OFFICER
1330 BROADWAY, SUITE 400
OAKLAND, CA 94612-2504

RECEIVED

JUL 24 1992

U.S. PROBATION OFFICE
NORTHERN DIST. COURT
OAKLAND

U.S. Probation Officer

Date

b(6) and (7)(C)

PROB 8
(Rev. 6/91)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF June, 19 92.

Name: Phillip R. Gault Jr Court Name (if different): _____

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

Street Address, Apt. Number: _____ Home Phone: _____ Pager Phone: _____ Other Phone: _____

City, State, Zip Code: _____ Persons Living: 4 (B(6))/(B(7)(c)) wife Nancy

Complex/Subdivision: _____ Own or Rent? _____ Did you move during the month? ☒ Yes ☐ No

Mailing Address (if different): Same as above 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: Realstate Homes Name of immediate supervisor: _____ Is your employer aware of your criminal status? ☐ Yes ☐ No

Plus working into
self employment
How many days of work did you miss? _____ Why? _____
Position Held: _____ Gross Income: _____ Normal Work Hours: _____

Did you change jobs? ☐ Yes ☒ No If changed jobs or terminated, state when and why: _____
Were you terminated? ☐ Yes ☒ No

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

1. Year/make/model: 66 Dodge Van Color: Green Tag Number: _____ Owner: Nancy Gault Jr

2. Year/make/model: 1981 Dodge Color: Yellow Tag Number: _____ Owner: _____

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings) _____ Past Due Debts: _____ Amount Past Due: _____

Other Income: wife _____

TOTAL MONTHLY INCOME _____

TOTAL MONTHLY EXPENSES _____

Do you have a checking account? ☐ Yes ☒ No Do you have a savings account? ☐ Yes ☐ No

☐ Individual ☐ Joint Balance: _____ ☐ Individual ☐ Joint Balance: _____

Bank Name: _____ Bank Name: _____

Account Number: _____ Account Number: _____

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did 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

If yes, amount paid during the month:

Special assessment: _____

Restitution: _____

Fine: _____

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?

(B(6))/(B(7)(C))

If yes, did you miss any sessions during this month?

(B(6))/(B(7)(C))

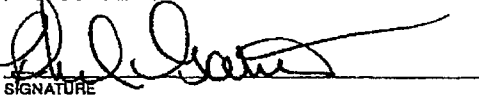
Did you fail to respond to phone recorder instructions?

☐ 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:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:


 SENIOR U. S. PROBATION OFFICER
 1330 BROADWAY, SUITE 400
 OAKLAND, CA 94612-2504

RECEIVED

JUL 24 1992

 U.S. PROBATION OFFICE
 NORTHERN DIST. COURT
 OAKLAND

PROB 8.
(Rev. 6/91)
b(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF

Aug, 19 92

Name: Phillip Garrido Court Name (if different): _____

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

Street Address, Apt. Number: _____ Home Phone: _____ Pager Phone: _____ Other Phone: _____

City, State, Zip Code: _____ Persons Living with you: _____

Complex/Subdivision: _____ Own or Rent? Wife & mom
Did you move during the month? ☐ Yes ☒ No

Mailing Address (if different): _____ 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? ☒ Yes ☐ No

How many days of work did you miss? _____ Why? _____

Position Held: _____ Gross Income: _____ Normal Work Hours: _____

Did you change jobs? ☐ Yes ☒ No
Were you terminated? ☐ Yes ☒ No

If changed jobs or terminated, state when and why: _____

9: To 3: OAS needed

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

1. Year/make/model: _____ Color: _____ Tag Number: _____ Owner: _____

1981 Dodge VAN yellow
2. Year/make/model: _____ Color: _____ Tag Number: _____ Owner: self & wife

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment
(Attach proof of earnings)

Other Income: _____

TOTAL MONTHLY INCOME

TOTAL MONTHLY EXPENSES

Do you have a checking account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance: _____

Bank Name: _____

Account Number: _____

Past Due Debts: _____ Amount Past Due: _____

0

Do you have a savings account? ☒ Yes ☐ No

☐ Individual ☐ Joint Balance: _____

Bank Name: _____

Account Number: _____

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b(6) and (7)(C)

REDACTED

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 & 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: _____

SEP 28 1992
U.S. PROBATION OFFICE
NORTHERN DIST. CALIF.
OAKLAND

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did 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

If yes, amount paid during the month:

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month?

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: _____

RECEIVED:

_____ Mail

_____ OC

_____ HC

_____ CC

RETURN TO:

SENIOR U. S. PROBATION OFFICER
1330 BROADWAY, SUITE 400
OAKLAND, CA 94612-2504

b(6) and (7)(C)
PROB
(Rev. 6/91)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF Sep, 1992

Name: Phillip Garrido Court Name (if different): _____

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

Street Address, Apt. Number: _____ Home Phone: _____ Paper Phone: _____ Other Phone: _____

City, State, Zip Code: _____ Persons Living with you: _____

Complex/Subdivision: _____ Own or Rent? Wife Nancy & mother (b)(6)/(b)(7)(C)
Did you move during the month? ☐ Yes ☒ No

Monthly amount of rent/mortgage: _____

Mailing Address (if different): _____ 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? ☐ Yes ☒ No

many days of work did you miss? _____ Why? _____

ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH

Position Held: _____ Gross Income: _____ Normal Work Hours: _____

Did you change jobs? ☐ Yes ☒ No
Were you terminated? ☐ Yes ☒ 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:	Tag Number:	Owner:
<u>1981 Dodge VAN</u>	<u>yellow</u>		<u>Phillip & Nancy</u>
<u>1965 Dodge VAN</u>	<u>green</u>		<u>H H</u>

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings)	Last Due Debts:	Amount Past Due:
Other Income: _____	<u>0</u>	<u>1</u>
TOTAL MONTHLY INCOME _____		
TOTAL MONTHLY EXPENSES _____		

Do you have a checking account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do you have a savings account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance: _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance: _____
Bank Name: _____	Bank Name: _____
Account Number: _____	Account Number: _____

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item
			<u>DEC 24 1992</u>
			U.S. PROBATION OFFICE NORTHERN DIST. CALIF. OAKLAND

b(6) and (7)(C)

REDACTED

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

Were you questioned by any law enforcement officers? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No If yes, when & where? _____ Charges: _____ Disposition: _____
(Attach copy of citation, receipt, charges, disposition, etc.)	
Were any pending charges disposed of during the month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date: _____ Court: _____ Disposition: _____	Was anyone in your household arrested or questioned by law enforcement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, whom? _____ Reason: _____ Disposition: _____
Did you have any contact with anyone having a criminal record? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, whom? _____	Did you possess or have access to a firearm? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, why? _____
Did you possess or use any illegal drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, type of drug: _____	Did you travel outside the district without permission? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, when and where? _____

Do you have a special assessment, restitution or fine? ☐ Yes ☒ No — If yes, amount paid during the month:
Special assessment: 0 Restitution: _____ Fine: _____

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Number of hours completed this month: _____ Number of hours missed: _____ Balance of hours remaining: _____	Do you have drug, alcohol or mental health aftercare? (B)(6)/(B)(7)(c) If yes, did you miss any sessions during this month? (B)(6)/(B)(7)(c) Did you fail to respond to phone recorder instructions? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

Phil J. [Signature]
SIGNATURE

SP
DATE

REMARKS:

RECEIVED:

_____ Mail _____ OC
_____ HC _____ CC

RETURN TO:

**Senior U. S. Probation Officer
1330 Broadway, Suite 400
Oakland, CA 94612-2504**

(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF OCT, 19 92

Name: Phillip GARCIA Court Name (if different): _____

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

Street Address, Apt. Number: _____ Home Phone: _____ Pager Phone: _____ Other Phone: _____

City, State, Zip Code: _____ Persons Living with you: _____

Complex/Subdivision: _____ Own or Rent? ☐ Yes ☐ No

Mailing Address (if different): _____ 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? ☐ Yes ☐ No

How many days of work did you miss? _____ Why? _____

ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH

Position Held: _____ Gross Income: _____ Normal Work Hours: _____

Did you change jobs? ☐ Yes ☒ No
Were you terminated? ☐ Yes ☒ 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: _____ Tag Number: _____ Owner: _____

1991 Dodge VAN Yellow _____ Phillip & Nancy

2. Year/make/model: _____ Color: _____ Tag Number: _____ Owner: _____

1965 Dodge VAN Green _____ Phillip & Nancy

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment
(Attach proof of earnings)

Other Income: _____

TOTAL MONTHLY INCOME _____

TOTAL MONTHLY EXPENSES _____

Past Due Debts: _____

Amount Past Due: _____

Do you have a checking account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance: _____

Bank Name: _____

Account Number: _____

Do you have a savings account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance: _____

Bank Name: _____

Account Number: _____

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item

RECEIVED

DEC 24 1992

**U.S. PROBATION OFFICE
NORTHERN DIST. CALIF.
OAKLAND**

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did 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: 0 _____

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 — If yes, amount paid during the month:

Special assessment: 0 _____

Restitution: _____

Fine: _____

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?

(B(6))/(B(7))(c)

If yes, did you miss any sessions during this month?

(B(6))/(B(7))(c)

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:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

SENIOR U. S. PROBATION OFFICER
1330 BROADWAY, SUITE 400
OAKLAND, CA 94612-2504

U.S. Probation Officer

Date

PROB. 8
(b)(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE

MONTHLY SUPERVISION REPORT FOR THE MONTH OF Nov, 19 92

Name: <u>Phillip Garrido</u>	Court Name (if different):
------------------------------	----------------------------

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

Street Address, Apt. Number:	Home Phone:	Pager Phone:	Other Phone:
City, State, Zip Code:	Persons living with you: <u>wife</u> <u>mother</u>		
Complex/supervision:	Own or Rent?	Did you move during the month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Mailing Address (if different): <u>Same as above</u>	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	How many days of work did you miss? <u>1</u> Why?	
ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH		
Position Held:	Gross Income:	Normal Work Hours:
<u>MAINTENANCE</u>		<u>9:05</u>
Did you change jobs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If changed jobs or terminated, state when and why:	
Were you terminated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

1. Year/make/model:	Color:	Tag Number:	Owner:
<u>81 Dodge Van</u>	<u>yellow</u>		<u>Phillip Garrido</u>
2. Year/make/model:	Color:	Tag Number:	Owner:
<u>85 Dodge Van</u>	<u>green</u>		<u>Phillip Garrido</u>

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings)	Past Due Debts:	Amount Past Due:
Other Income:	<u>0</u>	<u>0</u>
TOTAL MONTHLY INCOME		
TOTAL MONTHLY EXPENSES		
Do you have a checking account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do you have a savings account? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance:	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance:	
Bank Name:	Bank Name:	
Account Number:	Account Number:	

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item
<u>0</u>			

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?
☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?
☐ Yes ☒ No

If yes, type of drug: _____

Did you possess or have access to a firearm?
☐ Yes ☒ No

If yes, why? _____

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—If yes, amount paid during the month:

Special assessment: _____ Restitution: _____ Fine: _____

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?

If yes, did you miss any sessions during this month?


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

12-1-91
 DATE

REMARKS:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

RECEIVED

JAN 05 1993

U.S. PROBATION OFFICE
 NORTHERN DIST. CALIF.
 OAKLAND

SENIOR U. S. PROBATION OFFICER
 1330 BROADWAY, SUITE 400
 OAKLAND, CA 94612-2504

U.S. Probation Officer

Date

15
o(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF Dec, 19 92

Name: <u>Philip Gould</u>		Court Name (if different): <u>None</u>	
PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement)			
Street Address, Apt. Number:		Home Phone: <u> </u>	Pager Phone: <u> </u> Other Phone: <u> </u>
City, State, Zip Code: <u> </u>		Persons living with you: <u>Mother, Wife</u>	
Complex/Subdivision: <u> </u> Own or Rent? <u> </u>		Did you move during the month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Monthly amount of rent/mortgage \$ <u> </u>		If yes, date moved: <u> </u> Reason for Moving: <u> </u>	
Mailing Address (if different): <u> </u>			

PART B: EMPLOYMENT (If unemployed, list source of support under Part D)

Name, Address, Phone No. of Employer: <u> </u>		Name of Immediate supervisor: <u> </u>	Is your employer aware of your criminal status? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		How many days of work did you miss? <u> </u> Why? <u> </u>	
ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH			
Position Held: <u>Maintenance</u>		Grade: <u> </u>	Normal Work Hours: <u>9-6</u>
Did you change jobs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were you terminated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If changed jobs or terminated, state when and why: <u> </u>	

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

1. Year/make/model: <u>65 DODGE VAN</u>	Color: <u>GREEN</u>	Tag Number: <u> </u>	Owner: <u>A. GARRIDO</u>
2. Year/make/model: <u>81 DODGE VAN</u>	Color: <u>YELLOW</u>	Tag number: <u> </u>	Owner: <u>A. GARRIDO</u>

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings)	Past Due Debts:	Amount Past Due:
Other Income: <u> </u>	<u> </u>	<u> </u>
TOTAL MONTHLY INCOME		
TOTAL MONTHLY EXPENSES		
Do you have a checking account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do you have a savings account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance: <u> </u>	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Joint Balance: <u> </u>	
Bank Name: <u> </u>	Bank Name: <u> </u>	
Account Number: <u> </u>	Account Number: <u> </u>	

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

b(6) and (7)(C)

REDACTED

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

Were you questioned by any law enforcement officers? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No If yes, when & where? _____ Charges: _____ Disposition: _____
--	---

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

Were any pending charges disposed of during the month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date: _____ Court: _____ Disposition: _____	Was anyone in your household arrested or questioned by law enforcement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, whom? _____ Reason: _____ Disposition: _____
Did you have any contact with anyone having a criminal record? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, whom? _____	Did you possess or have access to a firearm? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, why? _____
Did you possess or use any illegal drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, type of drug: _____	Did you travel outside the district without permission? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, when and where? _____

Do you have a special assessment, restitution or fine? ☐ Yes ☒ No—If yes, amount paid during the month:
Special assessment: _____ Restitution: _____ Fine: _____

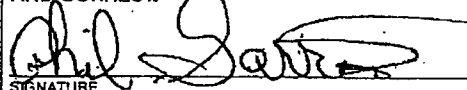
NOTE: ALL PAYMENTS TO BE MADE BY MONEY ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.

Do you have community service work to perform? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Number of hours completed this month: _____ Number of hours missed: _____ Balance of hours remaining: _____	Do you have drug, alcohol or mental health aftercare? If yes, did you miss any sessions during this month? Did you fail to respond to phone recorder instructions? <input type="checkbox"/> Yes <input type="checkbox"/> 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 12-23-92

REMARKS:

RECEIVED:

RECEIVED

Mail _____ OC _____
HC _____ CC JAN 6 5 1993

RETURN TO:

U.S. PROBATION OFFICE
NORTHERN DIST. CALIF.
OAKLAND

Senior U. S. Probation Officer
1330 Broadway, Suite 400
Oakland, CA 94612-2504

U.S. Probation Officer

Date

b(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF July, 19 93

Name: PHILIP GARLAND Court Name (if different): _____

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

Street Address, Apt. Number: _____ Home Phone: _____ Pager Phone: _____ Other Phone: _____

City, State, Zip Code: _____ Persons Living with you: WIFE FEB 10 1993

Complex/Subdivision: _____ Own or Rent? OWN Did you move during the month? NO

Monthly amount of rent/mortgage \$ _____ If yes, date moved: _____ Reason for Moving: _____

Mailing Address (if different): _____

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? ☐ Yes ☐ No

How many days of work did you miss? _____ Why? _____

ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH

Position Held: _____ Gross Income: _____ Normal Work Hours: _____

Did you change jobs? ☐ Yes ☐ No If changed jobs or terminated, state when and why: _____
Were you terminated? ☐ Yes ☐ No

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

1. Year/make/model: 85 Dodge Van Color: GREEN Tag Number: _____ Owner: N. GARLAND

2. Year/make/model: 81 Dodge Van Color: YELLOW Tag Number: _____ Owner: N. GARLAND

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings) _____ Past Due Debts: _____ Amount Past Due: _____

Other Income: _____

TOTAL MONTHLY INCOME _____

TOTAL MONTHLY EXPENSES _____

Do you have a checking account? ☐ Yes ☒ No Do you have a savings account? ☐ Yes ☐ No

☐ Individual ☐ Joint Balance: _____ ☐ Individual ☐ Joint Balance: _____

Bank Name: _____ Bank Name: _____

Account Number: _____ Account Number: _____

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item
<u>7/1</u>	<u>100.00</u>	<u>CASH</u>	<u>RENT</u>

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did 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 — If yes, amount paid during the month: _____

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month?

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:

RECEIVED:

Mail

OC

HC

CC

RETURN TO:

Senior U. S. Probation Officer
 1330 Broadway, Suite 400
 Oakland, CA 94612-2504

U.S. Probation Officer

Date

b(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF Feb, 1993

Name: <u>Phillip Garrison</u>		Court Name (if different):	
PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement)			
Street Address, Apt. Number:		Home Phone:	Pager Phone: Other Phone:
City, State, Zip Code:		Persons Living with you:	
Complex/Subdivision: Own or Rent?		<u>man & wife</u>	
Monthly amount of rent/mortgage \$		Did you move during the month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Mailing Address (if different):		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 checked="" type="checkbox"/> No
		How many days of work did you miss? Why?	
ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH			
		Position Held:	Gross Income: Normal Work Hours:
Did you change jobs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Were you terminated? <input type="checkbox"/> Yes <input checked="" 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:	Tag Number:	Owner:
<u>Dodge Van</u>	<u>yellow</u>		<u>Ngarawa</u>
2. Year/make/model:	Color:	Tag Number:	Owner:

PART D: MONTHLY FINANCIAL STATEMENT			
Net Income From Employment (Attach proof of earnings)		Past Due Debts:	
Other Income:		Amount Past Due:	
TOTAL MONTHLY INCOME		<u>RECEIVED</u>	
TOTAL MONTHLY EXPENSES		<u>MAR 23 1993</u>	
Do you have a checking account? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		U.S. PROBATION OFFICE NORTHERN DIST. CALIF. OAKLAND	
<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance:		Do you have a savings account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Bank Name:		<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance:	
Account Number:		Bank Name:	
		Account Number:	

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did 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

If yes, amount paid during the month:

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month?

Did you fail to respond to phone recorder instructions?

☐ Yes ☒ No

If yes, why? TRANSPORTATION

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.

Phil Jones
SIGNATURE

7/1/98
DATE

REMARKS:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

Senior U. S. Probation Officer
1330 Broadway, Suite 400
Oakland, CA 94612-2504

S. Probation Officer

Date

b(6) and (7)(C)

REDACTED

PROB 36 (2/64)			UNITED STATES DISTRICT COURT Federal Probation System NOTICE REGARDING MONTHLY SUPERVISION REPORT		
Address of Probation Office U.S. PROBATION OFFICE 1330 BROADWAY, SUITE 400 OAKLAND, CA 94612-2504			Name of Probation Officer [REDACTED]		
			Date May 19, 1993	Telephone Number [REDACTED]	

~~Phillip Garrido~~

YOUR ATTENTION IS CALLED TO THE ITEM(S) CHECKED BELOW:

- ☒ [X] Your monthly supervision report for MARCH AND APRIL has not been received. You are asked to complete the enclosed report form and attach a letter explaining why the report was not received on time.
- ☐ [] You did not answer the questions indicated by a check mark on your monthly report form which is enclosed. You are asked to complete the report and return it to this office without delay.
- ☐ [] You did not keep your appointment for an office visit on at . You are asked to get in touch with your probation officer immediately at the telephone number indicated above.
- ☐ [] Your fine or restitution payment has not been received. You are asked to make the payment immediately or contact this office.

[REDACTED]
Senior U. S. Probation Officer

b(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF

March, 19 *93*

Name: <i>Philip Garrido</i>	Court Name (if different):
-----------------------------	----------------------------

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

Street Address, Apt. Number:	Home Phone:	Pager Phone:	Other Phone:
------------------------------	-------------	--------------	--------------

City, State, Zip Code:	Persons Living with you:
------------------------	--------------------------

Complex/Subdivision: /	Own or Rent?	<i>Mother & wife</i>
------------------------	--------------	--------------------------

Monthly amount of rent/mortgage \$:	Did you move during the month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
-------------------------------------	--

Mailing Address (if different):	If yes, date moved:	Reason for Moving:
---------------------------------	---------------------	--------------------

Same As Above

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?
---	------

ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH

Position Held:	Gross Income:	Normal Work Hours:
----------------	---------------	--------------------

Did you change jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If changed jobs or terminated, state when and why:
---	--

Were you terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
---	--

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

1. Year/make/model:	Color:	Tan Number:	Owner:
---------------------	--------	-------------	--------

<i>66 Dodge</i>	<i>Green</i>		<i>Ngarrido</i>
-----------------	--------------	--	-----------------

2. Year/make/model:	Color:	Tag Number:	Owner:
---------------------	--------	-------------	--------

<i>81 Dodge</i>	<i>Yellow</i>		<i>Ngarrido</i>
-----------------	---------------	--	-----------------

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings)	Past Due Debts:	Amount Past Due:
---	-----------------	------------------

Other Income:		
---------------	--	--

TOTAL MONTHLY INCOME		
----------------------	--	--

TOTAL MONTHLY EXPENSES		
------------------------	--	--

Do you have a checking account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do you have a savings account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--

<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance:	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance:
---	---

Bank Name:	Bank Name:
------------	------------

Account Number:	Account Number:
-----------------	-----------------

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item
		<i>[Signature]</i>	

b(6) and (7)(C)

REDACTED
REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did 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

If yes, amount paid during the month:

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month?

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:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

Senior U. S. Probation Officer
1330 Broadway, Suite 400
Oakland, CA 94612-2504

U.S. Probation Officer

Date

(b)(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF May, 19 93

Name: <u>Phillip Gamdo</u>	Court Name (if different): <u>Same</u>
----------------------------	--

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

Street Address, Apt. Number:	Home Phone:	Pager Phone:	Other Phone:
City, State, Zip Code:	Persons Living With You: <u>mother & wife</u>		

Complex/Subdivision: _____ Own or Rent? _____ Monthly amount of rent/mortgage \$ _____ Mailing Address (if different): <u>Same</u>	Did you move during the month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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? _____ ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH	Position Held:	Gross Income:
	Normal Work Hours:	

Did you change jobs? ☐ Yes ☒ No
 Were you terminated? ☐ Yes ☒ 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: <u>86 Dodge</u>	Color: <u>Green</u>	Tag Number:	Owner: <u>Ngamdo</u>
2. Year/make/model: <u>87 Dodge</u>	Color: <u>Yellow</u>	Tag Number:	Owner: <u>Ngamdo</u>

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings) _____ Other Income: _____ TOTAL MONTHLY INCOME _____ TOTAL MONTHLY EXPENSES _____	Past Due Debts: _____ Amount Past Due: _____ <div style="text-align: center;"> RECEIVED JUN 18 1993 U.S. PROBATION OFFICE NORTHERN DIST. CALIF. OAKLAND </div> Do you have a checking account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance: _____ Bank Name: _____ Account Number: _____
--	--

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item
		<u>[Signature]</u>	<u>[Signature]</u>

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did 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

If yes, amount paid during the month:

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month?

Did you fail to respond to phone recorder instructions?

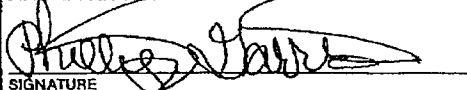
☐ Yes ☒ No

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

6/8/93
DATE

REMARKS:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

Senior U. S. Probation Officer
1330 Broadway, Suite 400
Oakland, CA 94612-2504

U.S. Probation Officer

Date

b(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF JUNE, 19 93.

Name: Phillip Garrido Court Name (if different): _____

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

Street Address, Apt. Number: _____ Home Phone: _____ Pager Phone: _____ Other Phone: 7

City/State/Zip Code: _____ Persons Living with you: 4 NANCY - WIFE - MOM

Complex/Subdivision: 1 Own or Rent? _____ Did you move during the month? ☐ Yes ☒ No

Monthly amount of rent/mortgage \$ _____ If yes, date moved: _____ Reason for Moving: _____

Mailing Address (if different): _____

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? ☐ Yes ☐ No

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JUL 50 1993

U.S. PROBATION OFFICE
NORTHERN DIST. CALIF.
OAKLAND

How many days of work did you miss? _____ Why? _____

ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH

Position Held: _____ Gross Income: _____ Normal Work Hours: _____

Did you change jobs? ☐ Yes ☒ No Were you terminated? ☐ Yes ☒ 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: <u>81 DODGE VAN</u>	Color: <u>YELLOW</u>	Tag Number: _____	Owner: <u>NANCY GARRIDO</u>
2. Year/make/model: <u>84 DODGE VAN</u>	Color: <u>GREEN</u>	Tag Number: _____	Owner: <u>NANCY GARRIDO</u>

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings) _____	Past Due Debts: _____	Amount Past Due: _____
Other Income: _____	_____	_____
TOTAL MONTHLY INCOME _____	_____	_____
TOTAL MONTHLY EXPENSES _____	_____	_____

Do you have a checking account? ☐ Yes ☒ No Do you have a savings account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance: _____ ☐ Individual ☐ Joint Balance: _____

Bank Name: _____ Bank Name: _____

Account Number: _____ Account Number: _____

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did 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

If yes, amount paid during the month:

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month?

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:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

Senior U. S. Probation Officer
1330 Broadway, Suite 400
Oakland, CA 94612-2504

U.S. Probation Officer

Date

(6) and (7)(C)

REDACTED
REDACTED

U.S. PROBATION OFFICE

MONTHLY SUPERVISION REPORT FOR THE MONTH OF July, 19 93

Name: Phillip David Court Name (if different): Same

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

Street Address, Apt. Number: _____ Home Phone: _____ Pager Phone: _____ Other Phone: _____

City, State, Zip Code: _____

Persons living with you:

Complex/Subdivision: _____ Own or Rent? _____

Nancy wife
Did you move during the month? ☐ Yes ☒ No

Mom

Monthly amount of rent/mortgage \$ _____

Mailing Address (if different): _____

Same

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? ☐ Yes ☒ No

How many days of work did you miss? _____ Why? _____

ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH

Position Held: _____ Gross Income: _____ Normal Work Hours: _____

Did you change jobs? ☐ Yes ☒ No
Were you terminated? ☐ Yes ☒ 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: <u>01 Dodge Van</u>	Color: <u>green</u>	Tag Number: _____	Owner: <u>Nancy</u>
2. Year/make/model: <u>81 Dodge Van</u>	Color: <u>yellow</u>	Tag Number: _____	Owner: <u>Nancy</u>

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment
(Attach proof of earnings)

Other Income: _____

TOTAL MONTHLY INCOME _____

TOTAL MONTHLY EXPENSES _____

Past Due Debts: _____

RECEIVED

AUG - 9 1993

U.S. PROBATION OFFICE
NORTHERN DIST. CALIF.
OAKLAND

Do you have a checking account? ☐ Yes ☒ No

Do you have a savings account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance: _____

☐ Individual ☐ Joint Balance: _____

Bank Name: _____

Bank Name: _____

Account Number: _____

Account Number: _____

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item
_____	<u>0</u>	_____	<u>0</u>
_____	_____	_____	_____
_____	_____	_____	_____

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did 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 If yes, amount paid during the month: _____

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month? _____

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:

RECEIVED:

_____ Mail

_____ OC

_____ HC

_____ CC

RETURN TO:

Senior U. S. Probation Officer
1330 Broadway, Suite 400
Oakland, CA 94612-2504

U.S. Probation Officer

Date

REDACTED

PROB 8
(Rev. 6/91)

b(6) and (7)(C)

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF Aug, 19 93

Name: PHILIP GARRARD Court Name (if different): SAME

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

Street Address and Number: _____ Home Phone: _____ Pager Phone: _____ Other Phone: _____

Persons Living with you: WIFE * MOTHER
Did you move during the month? ☐ Yes ☒ No

Monthly amount of rent/mortgage: _____
Mailing Address (if different): SAME AS ABOVE
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: MR.
Is your employer aware of your criminal status? ☐ Yes ☒ No
many days of work did you miss? 0 Why? _____

ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH

Position Held: COLLECTOR Gross Income: _____ Normal Work Hours: _____
Did you change jobs? ☐ Yes ☒ No If changed jobs or terminated, state when and why: _____
Were you terminated? ☐ Yes ☒ No

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

1. Year/make/model: <u>84 TOPE VAN</u>	Color: <u>GREEN</u>	Tag Number: <u>1-1</u>	Owner: <u>NANCY GARRARD</u>
2. Year/make/model: <u>81 TOPE VAN</u>	Color: <u>YELLOW</u>	Tag Number: _____	Owner: <u>NANCY GARRARD</u>

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings)	Past Due Debts:	Amount Past Due:
Other Income:	<u>0</u>	<u>0</u>
TOTAL MONTHLY INCOME	_____	_____
TOTAL MONTHLY EXPENSES	_____	_____
Do you have a checking account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do you have a savings account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance: _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance: _____	
Bank Name: _____	Bank Name: _____	
Account Number: _____	Account Number: _____	

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did 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

If yes, amount paid during the month:

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month?

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.

Phil Gannett
SIGNATURE

9/19/93
DATE

REMARKS: _____

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

Senior U. S. Probation Officer
1330 Broadway, Suite 400
Oakland, CA 94612-2504

b(6) and (7)(C)

REDACTED

PROB 8
(Rev. 5/91)

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF Sept , 19 93

Name: GARCIA PHILIP Court Name (if different): SAME

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

Street Address and Number: _____ Home Phone: _____ Pager Phone: _____ Other Phone: _____

City, State, Zip Code: San Francisco, CA 94114 Persons Living with you: Karen Garcia

Complex/Subdivision: _____ Own or Rent? _____ Did you move during the month? ☒ Yes ☐ No

Monthly amount of rent/mortgage \$ _____ If yes, date moved: _____ Reason for Moving: _____

Mailing Address (if different): _____

PART B: EMPLOYMENT (If unemployed, list source of support under Part D)

Name, Address, Phone No. of Employer: _____ Name of immediate supervisor: M.

Is your employer aware of your criminal status? ☐ Yes ☒ No

How many days of work did you miss? 0 Why? _____

ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH

Position Held: Cover Gross Income: _____ Normal Work Hours: _____

Did you change jobs? ☐ Yes ☐ No If changed jobs or terminated, state when and why: _____
Were you terminated? ☐ Yes ☐ No

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

1. Year/make/model: 86 Dodge Van Green Color: Green Tag Number: _____ Owner: Nancy Garcia

2. Year/make/model: 87 Dodge Van Yellow Color: Yellow Tag Number: _____ Owner: Nancy Garcia

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings) _____

Other Income: _____

TOTAL MONTHLY INCOME _____

TOTAL MONTHLY EXPENSES _____

Do you have a checking account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance: _____

Bank Name: _____

Account Number: _____

Past Due Debts: _____ RECEIVED _____

OCT 13 1993

U.S. PROBATION OFFICE
NORTHERN DIST. CALIF.
OAKLAND

Do you have a savings account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance: _____

Bank Name: _____

Account Number: _____

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item

(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did 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

If yes, amount paid during the month:

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month?

Did you fail to respond to phone recorder instructions?

☐ Yes ☒ No

If yes, why? _____

WARNING: ANY FALSE STATEMENTS MAY RESULT IN
REVOCAION 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:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

Senior U. S. Probation Officer
1330 Broadway, Suite 400
Oakland, CA 94612-2504

(b)(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF Oct, 19 93

Name: Phillip Garrison Court Name (if different): SAME

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

Street Address, Apt. Number: _____ Home Phone: _____ Other Phone: _____

City, State, Zip Code: _____

Persons Living with you:

Wendy wife (B)(6)/(B)(7)(C) Mother
you move during the month? ☐ Yes ☒ No

Complex/Subdivision: _____ Own or Rent? _____

Monthly amount of rent/mortgage: _____

Mailing Address (if different): _____

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? ☐ Yes ☒ No

How many days of work did you miss? 2 Why? _____

ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH

Position Held: _____

Gross Income: _____

Normal Work Hours: _____

COLLECTOR

Did you change jobs? ☐ Yes ☒ No
Were you terminated? ☐ Yes ☒ 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: _____

Owner: _____

66 Dodge Van

GREEN

M. Garrison

2. Year/make/model: _____

Color: _____

Tag Number: _____

Owner: _____

88 Dodge Van

Yellow

P. Garrison

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment
(Attach proof of earnings)

Other Income: _____

TOTAL MONTHLY INCOME _____

TOTAL MONTHLY EXPENSES _____

Past Due Debts: _____

Amount Past Due: _____

RECEIVED

Do you have a checking account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance: _____

Bank Name: _____

Account Number: _____

Do you have a savings account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance: _____

Bank Name: _____

Account Number: _____

NOV 2 1993

U.S. PROBATION OFFICE
NORTHERN DIST. CALIF.
UNCLAS

List all purchases of individual goods or services for which you paid \$500 or more:

Date

Amount

Method of Payment

Description of Item

Date	Amount	Method of Payment	Description of Item

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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

If yes, amount paid during the month:

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month?

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:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

Senior U. S. Probation Officer
1330 Broadway, Suite 400
Oakland, CA 94612-2504

U.S. Probation Officer

Date

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF Nov, 1993

Name: Phillip Garrison Court Name (if different): _____

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

Street Address, Apt. Number: _____ Home Phone: _____ Pager Phone: _____ Other Phone: _____
City, State, Zip Code: _____ Persons Living with you: _____

Complex/Subdivision: _____ Own or Rent? _____ Did you move during the month? ☐ Yes ☒ No
Monthly amount of rent/mortgage \$ _____ If yes, date moved: _____
Mailing Address (if different): _____ 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? ☐ Yes ☒ No
How many days of work did you miss? _____ Why? _____
ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH
Position Held: Paper Delivery To Paper Boys Gross Income: _____ Normal Work Hours: 230 Am To 7
Did you change jobs? ☐ Yes ☒ No Were you terminated? ☐ Yes ☒ 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: 1981 Dodge Van Color: Yellow Tag Number: _____ Owner: Nancy Garrison
2. Year/make/model: 1986 Dodge Color: Green Tag Number: NOT running Owner: Phillip & Nancy

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings) _____ wife Past Due Debts: _____ Amount Past Due: _____
Other Income: _____
TOTAL MONTHLY INCOME _____
TOTAL MONTHLY EXPENSES _____
Do you have a checking account? ☐ Yes ☒ No Do you have a savings account? ☐ Yes ☒ No
☐ Individual ☐ Joint Balance: _____ ☐ Individual ☐ Joint Balance: _____
Bank Name: _____ Bank Name: _____
Account Number: _____ Account Number: _____

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item
<u>0</u>			

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Was anyone in your household arrested or questioned by law enforcement?

☐ Yes ☒ No

If yes, whom? _____

Reason: _____

Disposition: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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—If yes, amount paid during the month:

Special assessment: _____

Restitution _____

Fine: _____

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?

(B(6))/(B(7)(c))

If yes, did you miss any sessions during this month?

(B(6))/(B(7)(c))

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:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

Senior U. S. Probation Officer
1330 Broadway, Suite 400
Oakland, CA 94612-2504

U.S. Probation Office:

Date

b(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF Dec, 19 93

Phillip Garrido

Court Name (if different):
Same

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

Address and Number

Home Phone:

Pager Phone:

Other Phone:

Persons Living with you:

Mom, wife

Complex/Subdivision:

Own or Rent?

Did you move during the month? ☐ Yes ☒ No

Monthly amount of rent/mortgage \$

If yes, date moved:

Reason for Moving:

Mailing Address (if different):

PART B: EMPLOYMENT (If unemployed, list source of support under Part D)

Name of immediate supervisor

Is your employer aware of your criminal status? ☐ Yes ☐ No

How many days of work did you miss? Why?

ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH

Position Held:

Gross Income:

Normal Work Hours:

Owner

Did you change jobs? ☐ Yes ☒ No

Were you terminated? ☐ Yes ☒ 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:

Tag Number:

Owner:

86 Dodge Van

Green

Nancy Garrido

2. Year/make/model:

Color:

Tag Number:

Owner:

81 Dodge Van

Yellow

Nancy Garrido

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment
(Attach proof of earnings)

Past Due Debts:

Amount Past Due:

Other Income:

TOTAL MONTHLY INCOME

TOTAL MONTHLY EXPENSES

Do you have a checking account? ☐ Yes ☒ No

Do you have a savings account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance:

☐ Individual ☐ Joint Balance:

Bank Name:

Bank Name:

Account Number:

Account Number:

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did 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

If yes, amount paid during the month:

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month? _____

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:

RECEIVED:

RECEIVED

Mail

OC

HC

11/20/10

RETURN TO:

U.S. PROBATION

SOUTHERN DIST

OF CALIF.

Senior U. S. Probation Officer

1330 Broadway, Suite 400

Oakland, CA 94612-2504

U.S. Probation Officer

Date

b(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF Jan, 19 94

Name: Phillip James Court Name (if different): Same

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

Street Address, Apt. Number: _____ Home Phone: _____ Pager Phone: _____ Other Phone: _____

City, State, Zip Code: _____

Complex/Subdivision: _____ Own or Rent? _____

Monthly amount of rent/mortgage \$ _____

Mailing Address (if different): _____ If yes, date moved: _____ Reason for Moving: _____

Persons Living with you: Mom, wife

Did you move during the month? ☐ Yes ☒ No

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? ☐ Yes ☒ No

How many days of work did you miss? 0 Why? _____

ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH

Position Held: Owner Gross Income: _____ Normal Work Hours: _____

Did you change jobs? ☐ Yes ☒ No
Were you terminated? ☐ Yes ☒ 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: 94 Dodge Van Color: Green Tag Number: _____ Owner: Nancy James

2. Year/make/model: 94 Dodge Van Color: Yellow Tag Number: _____ Owner: Nancy James

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings) _____ Past Due Debts: _____ Amount Past Due: _____

Other Income: _____

TOTAL MONTHLY INCOME _____

TOTAL MONTHLY EXPENSES _____

Do you have a checking account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance: _____

Bank Name: _____

Account Number: _____

Do you have a savings account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance: _____

Bank Name: _____

Account Number: _____

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did 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—If yes, amount paid during the month:

Special assessment: _____ Restitution: _____ Fine: _____

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?

If yes, did you miss any sessions during this month? _____

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: Phil [Signature] DATE: _____

REMARKS:

RECEIVED:

RECEIVED

_____ Mail _____ OC
_____ HC _____ DEC 1 1994

RETURN TO:

U.S. PROBATION OFFICE
NORTHERN DISTRICT OF CALIF.

Senior U. S. Probation Officer
1330 Broadway, Suite 400
Oakland, CA 94612-2504

U.S. Probation Officer

Date

(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF FEB, 19 94.

Name: GARRITO, PHILLIP Court Name (if different): SAME

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

Street Address, Apt. Number: _____ Home Phone: _____ one: _____ Other Phone: _____

City, State/Zip Code: _____ Persons Living with you: MOTHER & WIFE

Complex/Subdivision: _____ Own or Rent? _____ If you move during the month? ☐ Yes ☒ No

Monthly amount of rent/mortgage \$ _____ If yes, date moved: _____ Reason for Moving: _____

Mailing Address (if different): _____

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? ☐ Yes ☒ No

How many days of work did you miss? 15 Why? _____

ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH

Position Held: COOPER Gross Income: _____ Normal Work Hours: 2:30 AM to 7 AM

Did you change jobs? ☐ Yes ☒ No
Were you terminated? ☐ Yes ☒ 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: 86 Dodge Van Color: GREEN Title Number: _____ Owner: WANCY GARRITO

2. Year/make/model: 81 Dodge Van Color: YELLOW Title Number: _____ Owner: WANCY GARRITO

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment
(Attach proof of earnings)

Other Income: wife

TOTAL MONTHLY INCOME _____

TOTAL MONTHLY EXPENSES _____

Do you have a checking account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance: 0

Bank Name: _____

Account Number: _____

Past Due Debts:

Amount Past Due:

0 0

Do you have a savings account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance: 0

Bank Name: _____

Account Number: _____

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Was anyone in your household arrested or questioned by law enforcement?

☐ Yes ☒ No

If yes, whom? _____

Reason: _____

Disposition: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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—If yes, amount paid during the month:

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month? _____

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:

RECEIVED:

RECEIVED

Mail

OC

HC

CCED

6 1994

RETURN TO:

U.S. PROBATION OFFICE
NORTHERN DIST. CALIF.
OAKLAND

Senior U. S. Probation Officer
1330 Broadway, Suite 400
Oakland, CA 94612-2504

U.S. Probation Officer

Date

(6)(b) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF MARCH, 19 91

Name: <u>GARCIA, NANCY PHILLIP</u>		Court Name (if different): <u>SAME</u>	
PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement)			
Street Address, Apt. Number:		Home Phone:	Pager Phone:
City, State, Zip Code:		Other Phone:	
Complex/Subdivision:		Persons living with you: <u>Mother - wife</u>	
Own or Rent?		Did you move during the month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Monthly amount of rent/mortgage:		If yes, date moved: Reason for Moving:	
Mailing Address (if different):			

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 checked="" type="checkbox"/> No
		How many days of work did you miss? Why?	
ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH			
Position Held: <u>COURIER</u>		Gross Income:	Normal Work Hours:
Did you change jobs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If changed jobs or terminated, state when and why:	
Were you terminated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

PART C: VEHICLES (List all vehicles owned or driven by you)			
1. Year/make/model:	Color:	Tan Number:	Owner:
<u>96 Dodge Van</u>	<u>GREEN</u>		<u>NANCY GARCIA</u>
2. Year/make/model:	Color:	Tan Number:	Owner:
<u>81 Dodge Van</u>	<u>YELLOW</u>		<u>NANCY GARCIA</u>

PART D: MONTHLY FINANCIAL STATEMENT	
Net Income From Employment (Attach proof of earnings): <u>00.</u>	Past Due Debts: Amount Past Due:
Other Income: <u>wife</u>	
TOTAL MONTHLY INCOME	
TOTAL MONTHLY EXPENSES	
Do you have a checking account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do you have a savings account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance:	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance:
Bank Name:	Bank Name:
Account Number:	Account Number:

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Was anyone in your household arrested or questioned by law enforcement?

☐ Yes ☒ No

If yes, whom? _____

Reason: _____

Disposition: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

Did you travel outside the district without permission?

☐ Yes ☒ No

If yes, when and where? _____

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APR 4 1994

Do you have a special assessment, restitution or fine?

☐ Yes ☒ No

If yes, amount paid during the month:

Special assessment: _____

Restitution: _____

U.S. PROBATION OFFICE
FINE \$250.00
PAID

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?

If yes, did you miss any sessions during this month? _____

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:

RECEIVED:

Mail

OC

HC

CC

RETURN TO:

Senior U. S. Probation Officer
1330 Broadway, Suite 400
Oakland, CA 94612-2504

b(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF April, 19 94.

Name: Phillip Garrido Court Name (if different): SOME

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

Street Address and Number: _____ Other Phone: _____

Persons Living with you: 1 mother

Complex/Subdivision: 1 Own or Rent? 1 Did you move during the month? ☐ Yes ☒ No

Monthly amount of rent/mortgage \$ _____ If yes, date moved: _____ Reason for Moving: _____

Mailing Address (if different): _____

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? ☐ Yes ☒ No

How many days of work did you miss? App. C

ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH

Position Held: Nurse Gross: 9 PM - 8 PM Normal Work Hours: 8:00

Did you change jobs? ☐ Yes ☒ No Were you terminated? ☐ Yes ☒ No If changed jobs or terminated, state when and why: WATERING UPKEEP

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

1. Year/make/model: 66 Dodge Van Color: GREEN Tag Number: _____ Owner: Nancy Garrido

2. Year/make/model: 81 Dodge Van Color: YELLOW Tag Number: _____ Owner: Nancy Garrido

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings) GRARRIDON Past Due Debts: _____ Amount Past Due: _____

Other Income: _____

TOTAL MONTHLY INCOME _____

TOTAL MONTHLY EXPENSES _____

Do you have a checking account? ☐ Yes ☒ No Do you have a savings account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance: _____ ☐ Individual ☐ Joint Balance: _____

Bank Name: RECEIVED Bank Name: _____

Account Number: _____ Account Number: _____

List all purchases of individual goods or services for which you paid \$500 or more:

Date _____ Amount _____ Method of Payment _____ Description of Item _____

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Was anyone in your household arrested or questioned by law enforcement?

☐ Yes ☒ No

If yes, whom? _____

Reason: _____

Disposition: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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

If yes, amount paid during the month:

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month?

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:

RECEIVED:

Mail

OC

HC

CC

RETURN TO:

Senior U. S. Probation Officer
1330 Broadway, Suite 400
Oakland, CA 94612-2504

U.S. Probation Officer

Date

o(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF MAY, 19 94.

Name: Philip Garrido Court Name (if different): _____

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

Street Address, Apt. Number: _____ Home Phone: _____ Pager Phone: _____ Other Phone: _____

City, State, Zip Code: _____ Persons Living with you: _____

Complex/Subdivision: _____ Own or Rent? ☐ Yes ☒ No

Monthly amount of rent/mortgage \$ _____ Did you move during the month? ☐ Yes ☒ No

Mailing Address (if different): _____ 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? ☐ Yes ☒ No

How many days of work did you miss? 0 Why? _____

ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH

Position Held: _____ Gross Income: _____ Normal Work Hours: _____

Delivery NOT PAID TILL (STH)

Did you change jobs? ☐ Yes ☒ No
Were you terminated? ☐ Yes ☒ 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: _____ Title Number: _____ Owner: _____

1981 Dodge VAN Yellow NANCY GARRIDO

2. Year/make/model: _____ Color: _____ Title Number: _____ Owner: _____

1966 Dodge VAN Green NANCY GARRIDO

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings) _____ Past Due Debts: _____ Amount Past Due: _____

Other Income: _____

TOTAL MONTHLY INCOME _____

TOTAL MONTHLY EXPENSES _____

Do you have a checking account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance: _____

Bank Name: _____

Account Number: _____

Do you have a savings account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance: _____

Bank Name: _____

Account Number: _____

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Was anyone in your household arrested or questioned by law enforcement?

☐ Yes ☒ No

If yes, whom? _____

Reason: _____

Disposition: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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

If yes, amount paid during the month: _____

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month? _____

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

Phil Garris

DATE

6/1/94

REMARKS: _____

RECEIVED: _____

_____ Mail

_____ OC

_____ HC

_____ CC

RETURN TO: _____

Senior U. S. Probation Officer
1330 Broadway, Suite 400
Oakland, CA 94612-2504

(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF JUNE, 19 94

Name: GARRID MILLIP

Court Name (if different): SAME

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

Home Phone:

Other Phone:

Persons Living with you

Mother, wife

Do you move during the month?

Yes ☐ No ☒

Month: June Rent/mortgage:

Making address different:

Yes, date moved:

Reason for Moving:

PART B: EMPLOYMENT

Is there any change in employment?

Source of support under Part D:

Is your employment or aware of your criminal status?

Yes ☐ No ☒

Days of the month do you miss?

Why?

WORK HOURS FOR THIS MONTH

Work Hours:

Did you change jobs? ☐ Yes ☒ No
Were you terminated? ☐ Yes ☒ No

PART C: VEHICLES

Do you own or drive any vehicles?

1. Year/make/model

Color

Owner

2. Year/make/model

Color

Owner

44 Dodge Van

Green

Nancy Garrard

81 Dodge Van

Yellow

Nancy Garrard

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment
(Attach proof of earnings)

Other income:

TOTAL MONTHLY INCOME

TOTAL MONTHLY EXPENSES

Do you have a checking account? ☐ Yes ☒ No

Individual

Balance:

Bank Name:

Account Number:

Past Due Debts:

Amount Past Due:

Do you have a savings account? ☐ Yes ☒ No

Individual

Joint

Balance:

Bank Name:

Account Number:

List all purchases of individual goods or services for which you paid \$500 or more

Date

Amount

Method of Payment

Description of Item

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Was anyone in your household arrested or questioned by law enforcement?

☐ Yes ☒ No

If yes, whom? _____

Reason: _____

Disposition: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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—If yes, amount paid during the month:

Special assessment: _____ Restitution: _____ Fine: _____

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?

If yes, did you miss any sessions during this month?

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]

SIGNATURE

7/2/97

DATE

REMARKS: _____

RECEIVED: _____

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

Senior U. S. Probation Officer
1330 Broadway, Suite 400
Oakland, CA 94612-2504

b(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE

MONTHLY SUPERVISION REPORT FOR THE MONTH OF

July, 19 96

Name: Phillip Garrido Court Name (if different): Same

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

Street Address, Apt. Number: _____ Home Phone: _____ Pager Phone: _____ Other Phone: _____

Persons living with you:

Mother + Wife

Complex/Subdivision: _____ Own or Rent? _____

Did you move during the month? ☐ Yes ☒ No

Monthly amount of rent/mortgage \$ _____

Mailing Address (if different): _____

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? ☐ Yes ☒ No

How many days of work did you miss? 8 Why? _____

ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH

Position Held: Deputy Sheriff Gross Income: _____ Normal Work Hours: _____

Did you change jobs? ☐ Yes ☒ No
Were you terminated? ☐ Yes ☒ 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: 66 Dodge Van Color: Green Tag Number: _____ Owner: Philly Garrido

2. Year/make/model: 81 Dodge Van Color: Yellow Tag Number: _____ Owner: Philly Garrido

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment
(Attach proof of earnings)

Other Income: _____

TOTAL MONTHLY INCOME _____

TOTAL MONTHLY EXPENSES _____

Past Due Debts:

Amount Past Due:

X

Do you have a checking account? ☐ Yes ☒ No

Do you have a savings account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance: _____

☐ Individual ☐ Joint Balance: _____

Bank Name: _____

Bank Name: _____

Account Number: _____

Account Number: _____

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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

If yes, amount paid during the month:

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month?

Did you fail to respond to phone recorded 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.

Phil Harwood
SIGNATURE

8/1/94
DATE

REMARKS:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

RECEIVED

AUG 8 1994

U.S. PROBATION OFFICE
NORTHERN DIST. CALIF.
OAKLAND

Senior U. S. Probation Officer
1330 Broadway, Suite 400
Oakland, CA 94612-2504

b(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF

August 19 94

RECEIVED

SEP 1 1994

Name: Phillip Garrido Court Name (if different): Same

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

Street Address, Apt. Number: _____ Home Phone: _____ Pager Phone: 115-143-0000 Other Phone: _____
CITY: OAKLAND

Persons Living with you: Nancy - wife Mom
Did you move during the month? ☐ Yes ☒ No

Complex/Subdivision: 1 Own or Rent? ☒ Own ☐ Rent
Monthly amount of rent/mortgage \$ _____
Mailing Address (if different): _____ 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: NA Name of Immediate supervisor: 1
Is your employer aware of your criminal status? ☐ Yes ☒ No
How many days of work did you miss? 0 Why? _____

ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH

Position Held: DESERVICES Gross Income: _____ Normal Work Hours: _____
Did you change jobs? ☐ Yes ☒ No If changed jobs or terminated, state when and why: _____
Were you terminated? ☐ Yes ☒ No

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

1. Year/make/model: <u>86 Dodge Van</u>	Color: <u>Green</u>	Tag Number: _____	Owner: <u>Nancy Garrido</u>
2. Year/make/model: <u>88 Dodge Van</u>	Color: <u>Yellow</u>	Tag Number: _____	Owner: <u>Nancy Garrido</u>

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings) _____	Past Due Debts: _____	Amount Past Due: _____
Other Income: _____	_____	_____
TOTAL MONTHLY INCOME _____	_____	_____
TOTAL MONTHLY EXPENSES _____	_____	_____
Do you have a checking account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do you have a savings account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance: _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance: _____	
Bank Name: _____	Bank Name: _____	
Account Number: _____	Account Number: _____	

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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 — If yes, amount paid during the month:

Special assessment: _____ Restitution: _____ Fine: _____

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?

If yes, did you miss any sessions during this month? _____

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.

Phil Garrett 9/1/94
SIGNATURE DATE

REMARKS: _____

RECEIVED: _____

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

Senior U. S. Probation Officer
1330 Broadway, Suite 400
Oakland, CA 94612-2504

b(6) and (7)(C)

U.S. PROBATION OFFICE

REDACTED

MONTHLY SUPERVISION REPORT FOR THE MONTH OF

Sep, 19 94.

Name: <u>Phillip Garrison</u>	Court Name (if different):
-------------------------------	----------------------------

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

Street Address, Apt. Number:	Home Phone:	Other Phone:
------------------------------	-------------	--------------

City, State, Zip Code:	Persons Living with you: <u>mom & wife</u>
------------------------	--

Complex/Subdivision:	Own or Rent?	Did you move during the month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
----------------------	--------------	--

Monthly amount of rent/mortgage \$

Mailing Address (if different):

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 checked="" type="checkbox"/> No
---------------------------------------	-------------------------------	---

How many days of work did you miss? 0 Why?

ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH

Did you change jobs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were you terminated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If changed jobs or terminated, state when and why:
--	--	--

Position Held: <u>Delivery</u>	Gross Income:	Normal Work Hours:
--------------------------------	---------------	--------------------

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

1. Year/make/model:	Color:	Tag Number:	Owner:
---------------------	--------	-------------	--------

<u>1981 Dodge Van</u>	<u>yellow</u>		<u>OVERLAND</u>
-----------------------	---------------	--	-----------------

2. Year/make/model:	Color:	Tag Number:	Owner:
---------------------	--------	-------------	--------

			<u>0013 2 1801</u>
--	--	--	--------------------

PART D: MONTHLY FINANCIAL STATEMENT

RECEIVED

Net Income From Employment
(Attach proof of earnings):

Other Income:

TOTAL MONTHLY INCOME

TOTAL MONTHLY EXPENSES

Past Due Debts: Amount Past Due:

<u>0</u>	
----------	--

Do you have a checking account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance:

Bank Name:

Account Number:

Do you have a savings account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance:

Bank Name:

Account Number:

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

Did you travel outside the district without permission?

☐ Yes ☒ No

If yes, when and where? _____

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OCT 26 1994

Do you have a special assessment, restitution or fine?

☐ Yes

☒ No—If yes, amount paid during the month: _____

Special assessment: _____

Restitution: _____

U.S. PROBATION OFFICE
NORTHERN DIST. CALIF.
FINE: OAKLAND

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?

If yes, did you miss any sessions during this month?

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:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

U.S. PROBATION OFFICE
1301 CLAY STREET, ROOM 220-S
OAKLAND, CA 94612

U.S. Probation Officer

Date

b(6) and (7)(C)

PROB 8
(Rev. 6/91)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF Nov., 19 94Name: Phillip Sarrido Court Name (if different): Same

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

Street Address, Apt. Number: _____ Hor: _____ Pager Phone: _____ Other Phone: _____
City, State, Zip Code: _____ Persons Living with you: _____Complex/Subdivision: _____ Own or Rent? _____ / you move during the month? ☐ Yes ☒ No mom - Nancy - wife
Monthly amount of rent/mortgage \$ _____ If yes, date moved: _____ Reason for Moving: _____
Mailing Address (if different): Same

PART B: EMPLOYMENT (If unemployed, list source of support under Part D)

Name, Address, Phone No. of Employer: Deliveries Name of immediate supervisor: _____ Is your employer aware of your criminal status? ☐ Yes ☒ No
How many days of work did you miss? 8 Why? _____

ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH

Position Held: Deliveries Gross Income: _____ Normal Work Hours: _____
Did you change jobs? ☐ Yes ☒ No If changed jobs or terminated, state when and why: _____
Were you terminated? ☐ Yes ☒ No

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

1. Year/make/model: 66 Dodge Van Color: Green Tag Number: _____ Owner: Nancy
2. Year/make/model: 81 Dodge Van Color: Yellow Tag Number: _____ Owner: Nancy

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings) _____ Past Due Debts: _____ Amount Past Due: _____
Other Income: _____
TOTAL MONTHLY INCOME _____
TOTAL MONTHLY EXPENSES _____
Do you have a checking account? ☐ Yes ☒ No Do you have a savings account? ☐ Yes ☒ No
☐ Individual ☐ Joint Balance: _____ ☐ Individual ☐ Joint Balance: _____
Bank Name: Q Bank Name: Q
Account Number: _____ Account Number: Q

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item

REDACTED

b(6) and (7)(C)

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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—If yes, amount paid during the month: _____

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month? _____

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: _____

RECEIVED:

_____ Mail _____

_____ OC

_____ HC _____

_____ CC

RETURN TO:

U.S. PROBATION OFFICE
1301 CLAY STREET, ROOM 220-S
OAKLAND, CA 94612

U.S. Probation Officer

Date

b(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE

MONTHLY SUPERVISION REPORT FOR THE MONTH OF 10, 1994

RECEIVED

NOV 14 1994

Name: Philip Garrido

Court Name (if different):

Street Address, Apt. Number:

U.S. PROBATION OFFICE
CLERK, ALIF.

City, State, Zip Code:

Persons Living with you:

Complex/Subdivision:

n or Rent?

mom & wife

Did you move during the month? ☐ Yes ☒ No

Monthly amount of rent/mortgage

Mailing Address (if different):

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? ☐ Yes ☒ No

How many days of work did you miss? 0 Why?

ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH

Position Held:

Gross Income:

Normal Work Hours:

Delmar

Did you change jobs? ☐ Yes ☒ No
Were you terminated? ☐ Yes ☒ 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:

Tag Number:

Owner:

2. Year/make/model:

Color:

Tag Number:

Owner:

1986 Dodge Van Green

81 Dodge Van Yellow

Nancy
Mary

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment
(Attach proof of earnings)

Past Due Debts:

Amount Past Due:

Other Income:

TOTAL MONTHLY INCOME

TOTAL MONTHLY EXPENSES

Do you have a checking account? ☐ Yes ☒ No

Do you have a savings account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance:

☐ Individual ☐ Joint Balance:

Bank Name:

Bank Name:

Account Number:

Account Number:

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item

o(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did 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

If yes, amount paid during the month:

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month? _____

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:

RECEIVED:

Mail

OC

HC

RETURN TO:

Senior U. S. Probation Officer
1330 Broadway, Suite 400
Oakland, CA 94612-2504

U.S. Probation Officer

Date

b(6) and (7)(C)

PROB R.
(Rev. 6/91)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF

Dec 95

Name: Phillip Davido Court Name (if different): Same

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

Street/Address Apt. Number: Home Phone: Other Phone:

City, State, Zip Code: Persons Living with you:

Complex/Subdivision: Own or Rent? Yes No

Monthly amount of rent/mortgage: If you move during the month? Yes No

Mailing Address (if different): 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? Yes No

How many days of work did you miss? Why?

ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH

Position Held: Gross Income: Normal Work Hours:

Did you change jobs? Yes No If changed jobs or terminated, state when and why: Relatives

Were you terminated? Yes No

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

1. Year/make/model: Color: Tag Number: Owner:

66 Dodge Van Green Nancy

2. Year/make/model: Color: Tag Number: Owner:

81 Dodge Van Yellow Nancy

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings): Past Due Debts: Amount Past Due:

Other Income:

TOTAL MONTHLY INCOME:

TOTAL MONTHLY EXPENSES:

Do you have a checking account? Yes No Do you have a savings account? Yes No

Individual Joint Balance:

Bank Name:

Account Number:

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?
☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?
☐ Yes ☒ No

If yes, type of drug: _____

Did you possess or have access to a firearm?
☐ Yes ☒ No

If yes, why? _____

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—If yes, amount paid during the month:

Special assessment: _____

Restitution: _____

Fine: _____

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? _____

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 Phil Garrard DATE 12-30-41

REMARKS: _____

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

U.S. PROBATION OFFICE
1301 CLAY STREET, ROOM 220-S
OAKLAND, CA 94612

U.S. Probation Officer

Date

(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF

Jan., 19 95

Name: Philip Garcia Court Name (if different): 0

PAR (A) RESIDENCE (If new address, attach copy of lease/purchase agreement)

Street Address, Apt. Number: _____ Home Phone: _____ Pager Phone: _____ Other Phone: _____

City, State, Zip Code: _____ Boarding Address with owner: _____

Complex/Subdivision: 1 Own or Rent? Own

Monthly amount of rent/mortgage

Mailing Address (if different): _____

Will you move during the month? ☐ Yes ☒ No

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: AAA Name of immediate supervisor: _____

Is your employer aware of your criminal status? ☐ Yes ☒ No

How many days of work did you miss? 1 Why? Mom Nancy wife

ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH

Position Held: Delaware Gross Income: _____ Normal Work Hours: _____

Did you change jobs? ☐ Yes ☒ No
Were you terminated? ☐ Yes ☒ 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:	Tax Number:	Owner:
81 Ford Escort	Yellow		Nancy Garcia
81 Dodge Van	Yellow		Nancy Garcia
86 Dodge Van	Black		Nancy Garcia

Net Income From Employment
(Attach proof of earnings)

Other Income: _____

TOTAL MONTHLY INCOME

TOTAL MONTHLY EXPENSES

Past Due Debts:

Amount Past Due:

Do you have a checking account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance: ✓

Bank Name: _____

Account Number: _____

Do you have a savings account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance: ✓

Bank Name: _____

Account Number: _____

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item
<u>0</u>			<u>0</u>

b(6) and (7)(C)
b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did 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—If yes, amount paid during the month:

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month? _____

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: _____

RECEIVED:

_____ Mail

_____ OC

_____ HC

_____ CC

RETURN TO:

Senior U. S. Probation Officer
1330 Broadway, Suite 400
Oakland, CA 94612-2504

U.S. Probation Officer

Date

b(6) and (7)(C)

U.S. PROBATION OFFICE

REDACTED

MONTHLY SUPERVISION REPORT FOR THE MONTH OF Feb, 19 95

Name: Phillip Gamble Court Name (if different): _____

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

Current Address: Apt. Number: _____ Home Phone: _____ Other Phone: _____

City, State, Zip Code: _____ Persons Living with you: Mom & wife

Complex/Subdivision: _____ Own or Rent: ✓ Did you move during the month? ☐ Yes ☒ No

Monthly amount of rent/mortgage \$ _____ If yes, date moved: _____ Reason for Moving: _____

Mailing Address (if different): Same

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? ☐ Yes ☒ No

How many days of work did you miss? 0 Why? _____

ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH

Position Held: Deliveries Gross Income: _____ Normal Work Hours: _____

Did you change jobs? ☐ Yes ☒ No
Were you terminated? ☐ Yes ☒ 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: 81 Dodge Van Color: Yellow Tag Number: _____ Owner: Gamble

2. Year/make/model: 81 Dodge Van Color: Blue Tag Number: _____ Owner: Gamble

3. Year/make/model: 81 Ford Escort Color: Black Tag Number: 1 Owner: Gamble

Net Income From Employment (Attach proof of earnings) _____ Past Due Debts: _____ Amount Past Due: _____

Other Income: _____

TOTAL MONTHLY INCOME _____

TOTAL MONTHLY EXPENSES _____

Do you have a checking account? ☐ Yes ☒ No

Individual ☐ Joint ☒ Balance: _____

Bank Name: _____

Account Number: _____

Do you have a savings account? ☐ Yes ☒ No

Individual ☐ Joint ☒ Balance: _____

Bank Name: _____

Account Number: _____

List purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item

RECEIVED

FEB 15 1995

U.S. PROBATION OFFICE
SOUTHERN DIST. COURT
MEMPHIS, TENN.

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did 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 — If yes, amount paid during the month:

Special assessment: _____ Restitution: _____ Fine: _____

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?

If yes, did you miss any sessions during this month? _____

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: _____

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

U.S. PROBATION OFFICE
1301 CLAY STREET, ROOM 220-S
OAKLAND, CA 94612

U.S. Probation Officer

Date

b(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF March, 19 95

Name: Phillip Garrido Court Name (if different): _____
PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement)

Street Address: _____ Home Phone: _____ Other Phone: _____

Persons Living with you: Wife Mom
Complex/Subdivision: _____ Own or Rent: Own Did you move during the month? ☐ Yes ☒ No

Monthly amount of rent/mortgage: _____ Moved: Yes Reason for Moving: _____
Mailing Address (if different): Same as above

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? ☐ Yes ☒ No

How many days of work did you miss? 0 Why? _____

ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH

Position Held: Delivery Gross Income: _____ Normal Work Hours: DAYS

Did you change jobs? ☐ Yes ☒ No
Were you terminated? ☐ Yes ☒ No

If changed jobs or terminated, state when and why: Yes

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

1. Year/make/model: <u>1988 Ford Econoline</u>	Color: <u>Yellow</u>	Tax Number: _____	Owner: <u>Nancy Garrido</u>
2. Year/make/model: <u>1988 Dodge Van</u>	Color: <u>Yellow</u>	Tax Number: _____	Owner: <u>Nancy Garrido</u>

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings): _____	Past Due Debts: _____	Amount Past Due: _____
Other Income: _____	_____	_____
TOTAL MONTHLY INCOME: _____	_____	_____
TOTAL MONTHLY EXPENSES: _____	_____	_____
Do you have a checking account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do you have a savings account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance: _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance: _____	
Bank Name: _____	Bank Name: _____	
Account Number: _____	Account Number: _____	

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item
<u>3-20-95</u>	<u>CASH</u>	<u>Computer</u>	
_____	_____	_____	_____
_____	_____	_____	_____

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Was anyone in your household arrested or questioned by law enforcement?

☐ Yes ☒ No

If yes, whom? _____

Reason: _____

Disposition: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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

If yes, amount paid during the month:

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month? _____

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:

RECEIVED:

Mail

OC

HC

CC

RETURN TO:

RECEIVED

APR 1 2 1995

U.S. PROBATION OFFICE
NORTHERN DIST. CALIF.
OAKLAND

U.S. PROBATION OFFICE
1301 CLAY STREET, ROOM 220-S
OAKLAND, CA 94612

U.S. Probation Officer

Date

b(6) and (7)(C)

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF

REDACTED

APRIL, 19 95

Name: <u>Phillip J. Gaudin</u>		Court Name (if different): <u>Same</u>	
PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement)			
Street Address, Apt. Number:		Home Phone:	Pager Phone: Other Phone:
City, State, Zip Code:		Persons Living with you: <u>Mrs. Nancy - wife</u>	
Complex/Subdivision:	Own or Rent?	Did you move during the month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Monthly amount of rent/mortgage		If yes, date moved: Reason for Moving:	
Mailing Address (if different): <u>Same</u>			

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 checked="" type="checkbox"/> No
		How many days of work did you miss? <u>0</u> Why?	
ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH			
Position Held: <u>Deliveries</u>		Gross Income:	Normal Work Hours:
Did you change jobs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were you terminated? <input type="checkbox"/> Yes <input checked="" 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:	Tag Number:	Owner:
<u>81 Dodge Van</u>	<u>yellow</u>		<u>Nancy Gaudin</u>
2. Year/make/model:	Color:	Tag Number:	Owner:
<u>81 Ford Escort</u>	<u>yellow</u>		<u>Nancy Gaudin</u>

PART D: MONTHLY FINANCIAL STATEMENT		
Net Income From Employment (Attach proof of earnings)	Past Due Debts:	Amount Past Due:
Other Income:	<u>None</u>	<u>None</u>
TOTAL MONTHLY INCOME		
TOTAL MONTHLY EXPENSES		
Do you have a checking account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do you have a savings account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance:	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance:	
Bank Name:	Bank Name:	
Account Number:	Account Number:	

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?
☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?
☐ Yes ☒ No

If yes, type of drug: _____

Was anyone in your household arrested or questioned by law enforcement?
☐ Yes ☒ No

If yes, whom? _____

Reason: _____

Disposition: _____

Did you possess or have access to a firearm?
☐ Yes ☒ No

If yes, why? _____

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—If yes, amount paid during the month:

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month?

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.

Phyllis Davis

SIGNATURE

DATE

REMARKS:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

U.S. PROBATION OFFICE
1301 CLAY STREET, ROOM 220-S
OAKLAND, CA 94612

U.S. Probation Officer

Date

6/26
RECEIVED
JUN 14 1995
U.S. PROBATION OFFICE
NORTHWEST CALIF.
OAKLAND

D(6) and (7)(C)

PROB 8
(Rev. 5/91)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF

may, 19 95

Name: Phillip Garrido Court Name (if different): Same

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

Street Address and Number: _____ Home Phone: _____ Pager Phone: _____ Other Phone: _____
City, State, Zip Code: _____ Persons living with you: _____

Complex/Subdivision: _____ Own or Rent? _____
Monthly amount of rent/mortgage \$ _____
Mailing Address (if different): _____
Did you move during the month? ☐ Yes ☒ No
as, 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? ☐ Yes ☒ No
How many days of work did you miss? _____ Why? _____
ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH
Position Held: _____ Gross Income: _____ Normal Work Hours: _____

Did you change jobs? ☐ Yes ☒ No
Were you terminated? ☐ Yes ☒ 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: NOT RUNNING Color: _____ Tag Number: _____ Owner: _____
81 Dodge VAN yellow _____ NANCY GARRIDO
2. Year/make/model: _____ Color: _____ Tag Number: _____ Owner: _____
81 Ford ESCORT yellow _____ NANCY GARRIDO

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings) _____ Past Due Debts: _____ Amount Past Due: _____
Other Income: _____
TOTAL MONTHLY INCOME _____
TOTAL MONTHLY EXPENSES _____

Do you have a checking account? ☐ Yes ☒ No
☐ Individual ☐ Joint Balance: _____
Bank Name: _____
Account Number: _____
Do you have a savings account? ☐ Yes ☒ No
☐ Individual ☐ Joint Balance: _____
Bank Name: _____
Account Number: _____

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Was anyone in your household arrested or questioned by law enforcement?

☐ Yes ☒ No

If yes, whom? _____

Reason: _____

Disposition: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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

If yes, amount paid during the month:

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month?

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:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

**Senior U. S. Probation Officer
1330 Broadway, Suite 400
Oakland, CA 94612-2504**

RECEIVED
JUN 14 1995
U. S. PROBATION OFFICE
NORTHERN DIST. CALIF.
OAKLAND

U.S. Probation Officer

Date

b(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF June, 19 95

Name: <u>Shelly Gandy</u>	Court Name (if different): <u></u>
PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement)	
Street Address: <u></u>	Home Phone: <u></u> Pager Phone: <u></u> Other Phone: <u></u>

City/State: <u></u>	Complex/Subdivision: <u></u> Own or Rent? <u></u>	Did you move during the month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Monthly amount of rent/mortgage: <u></u>	Mailing Address (if different): <u></u>	If yes, date moved: <u></u> Reason for Moving: <u></u>

PART B: EMPLOYMENT (If unemployed, list source of support under Part D)		
Name, Address, Phone No. of Employer: <u></u>	Name of immediate supervisor: <u></u>	Is your employer aware of your criminal status? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
How many days of work did you miss? <u></u> Why? <u></u>		
ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH		
Position Held: <u>Driver</u>	Gross Income: <u></u>	Normal Work Hours: <u>Day Shift</u>
Did you change jobs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were you terminated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If changed jobs or terminated, state when and why: <u></u>		

PART C: VEHICLES (List all vehicles owned or driven by you)			
1. Year/make/model: <u>8 Ford Escort</u>	Color: <u>Yellow</u>	Tag Number: <u></u>	Owner: <u>Nancy Gandy</u>
2. Year/make/model: <u>8 Dodge Van</u>	Color: <u>Yellow</u>	Tag Number: <u></u>	Owner: <u>Nancy Gandy</u>

PART D: MONTHLY FINANCIAL STATEMENT	
Net Income From Employment (Attach proof of earnings): <u></u>	Past Due Debts: <u></u> Amount Past Due: <u></u>
Other Income: <u></u>	
TOTAL MONTHLY INCOME: <u>Exp 00</u>	
TOTAL MONTHLY EXPENSES: <u></u>	
Do you have a checking account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do you have a savings account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance: <u></u>	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance: <u></u>
Bank Name: <u></u>	Bank Name: <u></u>
Account Number: <u></u>	Account Number: <u></u>

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>

D(b) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Was anyone in your household arrested or questioned by law enforcement?

☐ Yes ☒ No

If yes, whom? _____

Reason: _____

Disposition: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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—If yes, amount paid during the month:

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month? _____

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:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

U.S. PROBATION OFFICE
1301 CLAY STREET, ROOM 220-S
OAKLAND, CA 94612

U.S. Probation Officer

Date

(C)(7) and (9)g

(b) and (7)(C)

U.S. PROBATION OFFICE

REDACTED

MONTHLY SUPERVISION REPORT FOR THE MONTH OF July, 19 95

Name: Shelly Gamm Court Name (if different): _____

PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement)
Street Address, Apt. Number: _____ Home Phone: _____ Pager Phone: _____ Other Phone: _____

Complex/Subdivision: _____ Own or Rent? _____ Do you move during the month? ☐ Yes ☒ No
Monthly amount of rent/mortgage: _____ If yes, date moved: _____ Reason for Moving: _____
Mailing Address (if different): _____

PART B: EMPLOYMENT (If unemployed, list source of support under Part D)

Name, Address, Phone No. of Employer: All Season Garden & Nursery
555 E. 1st Street
Name of immediate supervisor: _____ Is your employer aware of your criminal status? ☐ Yes ☒ No

How many days of work did you miss? _____ Why? _____

ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH

Position Held: Owner Gross Income: _____ Normal Work Hours: Day Shift
Did you change jobs? ☐ Yes ☒ No If changed jobs or terminated, state when and why: _____
Were you terminated? ☐ Yes ☒ No

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

1. Year/make/model	Color	Tax Number	Owner
<u>81 Ford Escort</u>	<u>Yellow</u>		<u>Mary Gamm</u>
<u>81 Buick Wildcat</u>	<u>Yellow</u>		<u>Mary Gamm</u>

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings)	Past Due Debts:	Amount Past Due:
Other Income:		
TOTAL MONTHLY INCOME		
TOTAL MONTHLY EXPENSES		
Do you have a checking account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do you have a savings account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance: _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance: _____	
Bank Name: _____	Bank Name: _____	
Account Number: _____	Account Number: _____	

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Was anyone in your household arrested or questioned by law enforcement?

☐ Yes ☒ No

If yes, whom? _____

Reason: _____

Disposition: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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 - If yes, amount paid during the month:

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month? _____

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:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

U.S. PROBATION OFFICE
1301 CLAY STREET, ROOM 220-S
OAKLAND, CA 94612

U.S. Probation Officer

Date

b(6) and (7)(C)

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF Aug, 19 95

REDACTED

Name: GARRIBO PHILLIPS Court Name (if different): same

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

Street Address: Ant Alameda Home Phone: Other Phone:
City, State, Zip: Persons Living with you:

Complex/Subdivision: 1 Own or Rent? own Did you move during the month? ☐ Yes ☒ No mon, Nony moved
Mailing Address (if different): 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? ☐ Yes ☒ No
How many days of work did you miss? 0 Why?
Position Held: Director Gross Income: Normal Work Hours:
Did you change jobs? ☐ Yes ☒ No Were you terminated? ☐ Yes ☒ 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: 2-1988 Dodge Van Yellow Color: Yellow Tag Number: Owner: Tony Garcia
2. Year/make/model: 1988 Ford Escort Yellow Color: Yellow Tag Number: Owner: Tony Garcia

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings) Past Due Debts: RECEIVED Amount Past Due:
Other Income: wife SEP 2 1995
TOTAL MONTHLY INCOME U.S. PROBATION OFFICE
TOTAL MONTHLY EXPENSES NORTHERN DIST. CALIF.
Do you have a checking account? ☐ Yes ☒ No Do you have a savings account? ☐ Yes ☒ No
☐ Individual ☐ Joint Balance: ☐ Individual ☐ Joint Balance:
Bank Name: Bank Name:
Account Number: Account Number:

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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--If yes, amount paid during the month:

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month? _____

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:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

U. S. PROBATION OFFICE
1301 CLAY STREET, SUITE 220-S
OAKLAND, CA 94612-2504

U.S. Probation Officer

Date

3(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF Oct, 19 95

Name: <u>Phillip Sando</u>	Court Name (if different): <u>Same</u>
-------------------------------	---

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

Street Address, Apt. Number	Home Phone:	Pager Phone:	Other Phone:
-----------------------------	-------------	--------------	--------------

Complex/Subdivision: <u>1</u>	Own or Rent? <u>Rent</u>	Persons Living with you: <u>Mother, wife</u>
Did you move during the month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, date moved: <u>1</u>		Reason for Moving:
Mailing Address (if different):		

PART B: EMPLOYMENT (If unemployed, list source of support under Part D)

Name, Address, Phone No. of Employer: <u>WORKING AT HOME</u>	Name of Immediate supervisor:	Is your employer aware of your criminal status? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
How many days of work did you miss? _____ Why?		
Position Held:	Gross Income:	Normal Work Hours:

Did you change jobs? ☐ Yes ☒ No
Were you terminated? ☐ Yes ☒ No

If changed jobs or terminated, state when and why:

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

U.S. PROBATION OFFICE
NORTHERN DIST. CALIF.
OAKLAND

1. Year/make/model: <u>81 Ford Bronco</u>	Color: <u>Yellow</u>	Tag Number:	Owner: <u>Mary</u>
2. Year/make/model: <u>81 Dodge Van</u>	Color: <u>Yellow</u>	Tag Number:	Owner: <u>Mary</u>

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings)	Past Due Debts:	Amount Past Due:
Other Income:		
TOTAL MONTHLY INCOME		
TOTAL MONTHLY EXPENSES		
Do you have a checking account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do you have a savings account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance: _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance: _____	
Bank Name: _____	Bank Name: _____	
Account Number: _____	Account Number: _____	

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item

REDACTED

b(6) and (7)(C)

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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—If yes, amount paid during the month:

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month? _____

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:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

U. S. PROBATION OFFICE
1301 CLAY STREET, SUITE 220-S
OAKLAND, CA 94612-2504

U.S. Probation Officer

Date

REDACTED

b(6) and (7)(C)

U.S. PROBATION OFFICE

MONTHLY SUPERVISION REPORT FOR THE MONTH OF Nov., 19 95.

Name: Philip David Court Name (if different): _____

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

Street Address, Apt. Number: _____ Home Phone: _____ Pager Phone: _____ Other Phone: _____

Persons living with you: Maria wife
Did you move during the month? ☐ Yes ☐ No
If yes, date moved: _____ Reason for Moving: _____
Mailing Address (if different): _____

PART B: EMPLOYMENT (If unemployed, list source of support under Part D)

Name, Address, Phone No. of Employer: Home
Name of Immediate supervisor: _____ Is your employer aware of your criminal status? ☐ Yes ☐ No
How many days of work did you miss? _____ Why? _____
Position Held: _____ Gross Income: _____ Normal Work Hours: _____
Did you change jobs? ☐ Yes ☐ No If changed jobs or terminated, state when and why: _____
Were you terminated? ☐ Yes ☐ No

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

1. Year/make/model: <u>81 Ford Escort</u>	Color: <u>Yellow</u>	Tax Number: _____	Owner: <u>Nancy grand</u>
2. Year/make/model: <u>81 Dodge Van</u>	Color: <u>Yellow</u>	Tax Number: _____	Owner: <u>Nancy grand</u>

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings)	Past Due Debts:	Amount Past Due:
Other Income:		
TOTAL MONTHLY INCOME		
TOTAL MONTHLY EXPENSES		
Do you have a checking account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do you have a savings account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance: _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance: _____	
Bank Name: _____	Bank Name: _____	
Account Number: _____	Account Number: _____	

RECEIVED
DEC 1 1995

U.S. PROBATION OFFICE
NORTHERN DIST. CALIF.
OAKLAND

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item
<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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—If yes, amount paid during the month:

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month?

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.

Phil Jones
SIGNATURE

12/4/95
DATE

REMARKS:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

U. S. PROBATION OFFICE
1301 CLAY STREET, SUITE 220-S
OAKLAND, CA 94612-2504

U.S. Probation Officer

12/12/95
Date

66

POSTSENTENCE SUMMARIZATION

REDACTED

(B(6))/(B(7)(c))

Date April 21, 1977

Re: GARRIDO, Phillip Craig
Reg. No.

ATTACHMENTS:

- | | | | |
|---|-------------------------------------|---|---|
| 1. FACE SHEET | <input checked="" type="checkbox"/> | 4. PRIOR RECORD | <input checked="" type="checkbox"/> |
| 2. OFFENSE REPORT
(Indictment/Information) | <input checked="" type="checkbox"/> | (Fingerprint Sheet) | |
| 3. DEFENDANT'S VERSION | <input checked="" type="checkbox"/> | 5. SENTENCING TRANSCRIPT
and/or Judgment Order | <input type="checkbox"/>
<input checked="" type="checkbox"/> |

6. DRUG/ALCOHOL USAGE: [REDACTED]

7. EDUCATION: Graduated from high school in 1969 (verified).

8. EMPLOYMENT: Self-employed musician [REDACTED]

9. MARITAL/FAMILY STATUS: Married - no children.

10. MITIGATING OR AGGRAVATING CIRCUMSTANCES: On March 9, 1977, Garrido entered a plea of guilty to Forcible Rape in Second Judicial District Court, County of Washoe, Reno, Nevada. On April 11, 1977, Garrido received a life sentence, with possibility of parole. The Court ordered the sentence be served concurrently with the Federal term.

[/ / / /]

[REDACTED]

b(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF Dec, 19 95

Name: GARRARD Phillip Court Name (if different): Same As Above

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

Street Address: _____ Home Phone: _____ Pager Phone: _____ Other Phone: _____

City, State, Zip Code: _____

Complex/Subdivision: _____ Own or Rent? ✓ ☒ Own ☐ Rent

Mailing Address (if different): _____

Living with you: Wife - Nancy Mother
Did you move during the month? ☐ Yes ☒ No

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? ☐ Yes ☒ No

How many days of work did you miss? _____ Why? _____

Position Held: _____ Gross Income: _____ Normal Work Hours: _____

Did you change jobs? ☐ Yes ☒ No
Were you terminated? ☐ Yes ☒ 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: YELLOW Tag Number: _____ Owner: NANCY GARRARD

2. Year/make/model: 81 Dodge Van Color: YELLOW Tag Number: _____ Owner: NANCY GARRARD

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings) _____ Past Due Debts: _____ Amount Past Due: _____

Other Income: _____

TOTAL MONTHLY INCOME _____

TOTAL MONTHLY EXPENSES _____

Do you have a checking account? ☒ Yes ☐ No

BANK BUSINESS A/C
☐ Individual ☐ Joint Balance: _____

Bank Name: WELLS FARGO

Account Number: _____

Do you have a savings account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance: _____

Bank Name: _____

Account Number: _____

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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—If yes, amount paid during the month:

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month?

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]

SIGNATURE

1/1/96
DATE

REMARKS:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

U. S. PROBATION OFFICE
1301 CLAY STREET, SUITE 220-S
OAKLAND, CA 94612-2504

U.S. Probation Officer

1/16/96
Date

b(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF

1/31, 1996

Name: Phillip Garrido Court Name (if different): _____

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

Street Address, Apt. Number: _____ Home Phone: _____ Pager Phone: _____ Other Phone: _____

City, State, Zip Code: _____ Persons Living with you: mom & wife

Complex/Supervision: _____ Own or Rent? _____ Did you move during the month? ☐ Yes ☒ No

Mailing Address (if different): _____ 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? ☐ Yes ☐ No

How many days of work did you miss? _____ Why? _____

Position Held: _____ Gross Income: _____ Normal Work Hours: _____

Did you change jobs? ☐ Yes ☒ No If changed jobs or terminated, state when and why: _____
Were you terminated? ☐ Yes ☒ No

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

1. Year/make/model: <u>1981 Ford Escort</u>	Color: <u>Yellow</u>	Tag Number: _____	Owner: <u>Nancy Garrido</u>
2. Year/make/model: <u>1981 Dodge Van</u>	Color: <u>Yellow</u>	Tag Number: <u>NOT IN USE</u>	Owner: _____

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings) _____ Past Due Debts: _____ Amount Past Due: _____

Other Income: _____ NONE

TOTAL MONTHLY INCOME _____

TOTAL MONTHLY EXPENSES _____

Do you have a checking account? ☐ Yes ☒ No Do you have a savings account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance: BUSINESS ☐ Individual ☐ Joint Balance: _____

Bank Name: Wells Fargo Bank Name: _____

Account Number: _____ Account Number: _____

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did 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—If yes, amount paid during the month:

Special assessment: _____ Restitution: _____ Fine: _____

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?

If yes, did you miss any sessions during this month?

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.

Phil Garrido 1/31/95
SIGNATURE DATE

REMARKS:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

U. S. PROBATION OFFICE
1301 CLAY STREET, SUITE 220-S
OAKLAND, CA 94612-2504

U.S. Probation

3/20/11
Date

b(6) and (7)(C)

REDACTED

PROB 8
(Rev. 6/91)U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF

2/29, 1996

Name: Phillip Garrido Court Name (if different): _____

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

Street Address, Apt. Number: _____ Home Phone: _____ Other Phone: _____

City, State, Zip Code: _____ Persons Living with you: mom - wife

Complex/Subdivision: _____ Own or Rent? _____ Did you move during the month? ☐ Yes ☐ No

Mailing Address (if different): _____ 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? ☐ Yes ☐ No

How many days of work did you miss? _____ Why? _____

Position Held: _____ Gross Income: _____ Normal Work Hours: _____

Did you change jobs? ☐ Yes ☒ No If changed jobs or terminated, state when and why: _____

Were you terminated? ☐ Yes ☒ No

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

1. Year/make/model: <u>1981 Ford Escort</u>	Color: <u>yellow</u>	Tag Number: _____	Owner: <u>NANCY GARRIDO</u>
2. Year/make/model: _____	Color: _____	Tag Number: _____	Owner: _____

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings)	Past Due Debts:	Amount Past Due:
Other Income:	<u>[Signature]</u>	_____
TOTAL MONTHLY INCOME	_____	_____
TOTAL MONTHLY EXPENSES	_____	_____
Do you have a checking account? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a savings account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance: <u>Business</u>	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance: _____	
Bank Name: <u>Wells Fargo</u>	Bank Name: _____	
Account Number: _____	Account Number: _____	

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did 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—If yes, amount paid during the month:

Special assessment: _____ Restitution: _____ Fine: _____

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?

If yes, did you miss any sessions during this month? _____

Did you fail to respond to phone recorder instructions?

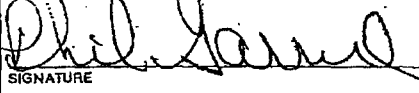

☐ Yes ☒ No

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:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:


U. S. PROBATION OFFICE
1301 CLAY STREET, SUITE 220-S
OAKLAND, CA 94612-2504

U.S. Probation Officer

Date

b(6) and (7)(C)

BEST COPY AVAILABLE

RECEIVED

APR 18 1996

U.S. Probation Office
Northern Dist. Calif.
Oakland

REDACTED

PD088
(Rev. 6/91)

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF March, 19 96

Name: <u>Phillip Craig Smith</u>		Court Name (if different):	
PART A: RESIDENCE (if new address, attach copy of lease/purchase agreement)			
Street Address, Apt. Number		Home Phone	Other Phone
Complex/Subdivision		Persons Living with you: <u>wife & mother</u>	
Own or Rent? <u>Own</u>		Did you move during the month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Mailing Address (if different): <u>Same As Above</u>		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 checked="" type="checkbox"/> No
		How many days of work did you miss? Why?	
		Position Held	Gross Income: Normal Work Hours:

Did you change jobs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If changed jobs or terminated, state when and why
Were you terminated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PART C: VEHICLES (List all vehicles owned or driven by you)	
1. Year/make/model	Color: <u>Yellow</u> Tag Number: <u>Aray 7000</u>
2. Year/make/model	Color: Tag Number: Owner:

PART D: MONTHLY FINANCIAL STATEMENT	
Net Income From Employment (Attach proof of earnings)	Past Due Debts: Amount Past Due:
Other Income:	
TOTAL MONTHLY INCOME	
TOTAL MONTHLY EXPENSES	
Do you have a checking account? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a savings account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Joint Balance: <u>BUSINESS ACCT</u>	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Joint Balance:
Bank Name: <u>ON BANK STATEMENT</u>	Bank Name:
Account Number:	Account Number:
List all purchases of individual goods or services for which you paid \$500 or more:	
Date	Amount
Method of Payment	
Description of Item	

b(6) and (7)(C)

REDACTED

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

BEST COPY AVAILABLE

Were you questioned by any law enforcement officer? ☐ Yes ☒ No

If yes, date _____

Agency _____

Reason _____

If yes, when & where? _____

Charges _____

Disposition _____

Were any pending charges dismissed or during the month? ☐ Yes ☒ No

If yes, date _____

Court _____

Disposition _____

Did you have any contact with anyone having a criminal record? ☐ Yes ☒ No

If yes, when? _____

Did you possess or use any illegal drugs? ☐ Yes ☒ No

If yes, type of drug _____

Do you have a special assessment, restitution or fine? ☐ Yes ☒ No

Special assessment _____

Restitution _____

Fine _____

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 _____

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)

REMARKS _____

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? _____

CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT

Signature _____

RECEIVED

Mail _____ CC _____
HC _____ CC _____

RETURN TO _____

U. S. PROBATION OFFICE
1301 CLAY STREET, SUITE 220-S
OAKLAND, CA 94612-2504

U.S. Probation Officer

Date

b(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF April, 19 96

Name: <u>Phillip Janide</u>		Court Name (if different):	
PART A RESIDENCE (If new address, attach copy of lease/purchase agreement)			
Street Address, Apt. N: <u>11111111111111111111</u>		Home Phone:	Pager Phone: Other Phone:
City, State, Zip: <u>11111111111111111111</u>		Persons Living with you: <u>Mother, wife</u>	
Complex/Subdivision: Own or Rent? <u>Own</u>		Did you move during the month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Mailing Address (if different):		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 checked="" type="checkbox"/> No
		How many days of work did you miss? Why?	
		Position Held:	Gross Income: Normal Work Hours:
Did you change jobs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Were you terminated? <input type="checkbox"/> Yes <input checked="" 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:	Tag Number:	Owner:
<u>1981 Ford Escort</u>	<u>Yellow</u>		<u>Phillip Janide</u>
2. Year/make/model:	Color:	Tag Number:	Owner:
<u>1981 Dodge Van</u>	<u>Yellow</u>	<u>Not in use</u>	

PART D: MONTHLY FINANCIAL STATEMENT	
Net Income From Employment (Attach proof of earnings)	Past Due Debts: Amount Past Due:
Other Income:	
TOTAL MONTHLY INCOME	
TOTAL MONTHLY EXPENSES	
Do you have a checking account? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a savings account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input checked="" type="checkbox"/> Business	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance:
Bank Name: <u>WELLS FARGO</u>	Bank Name:
Account Number:	Account Number:

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Was anyone in your household arrested or questioned by law enforcement?

☐ Yes ☒ No

If yes, whom? _____

Reason: _____

Disposition: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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—If yes, amount paid during the month:

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month? _____

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.

Phil Garrido
SIGNATURE

5/10/96
DATE

REMARKS:

RECEIVED

MAY 22 1996

U.S. Probation Office
Northern Dist. Calif.
Oakland

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

U. S. PROBATION OFFICE
1301 CLAY STREET, SUITE 220-S
OAKLAND, CA 94612-2504

U.S. Probation Officer

Date

PROB 8
(Rev 5/94)

b(6) and (7)(C)

REDACTED

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U.S. PROBATION OFFICE

MONTHLY SUPERVISION REPORT FOR THE MONTH OF

3/30 19 96

Name: <u>Phillip Dambie</u>	Court Name (if differs): <u>Same</u>
PART A RESIDENCE (If new address, attach copy of lease/rental agreement)	
Home Phone:	Pager Phone:
Other Phone:	

City/State/Zip Code: _____	Persons Living with you: <u>Wife Nancy</u>
Complex/Subdivision: _____ Own or Rent? <u>Rent</u>	Did you move during the month? <u>No</u>
Mailing Address (if different): _____	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 checked="" type="checkbox"/> No
How many days of work did you miss? _____		Why? _____
Position Held: _____	Gross Income: _____	Normal Work Hours: _____
Did you change jobs? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If changed jobs or terminated, state when and why: _____	
Were you terminated? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

PART C VEHICLES (List all vehicles owned or driven by you)			
1. Year/Make/Model: <u>81 FORD Escort</u>	Color: <u>Yellow</u>	Tag Number: _____	Owner: <u>Nancy Dambie</u>
2. Year/Make/Model: <u>81 DODGE VAN</u>	Color: <u>Yellow</u>	Tag Number: _____	Owner: <u>Nancy</u>

PART D MONTHLY FINANCIAL STATEMENT	
Net Income From Employment (Attach proof of earnings): _____	Past Due Debts: _____ Amount Past Due: _____
Other Income: _____	
TOTAL MONTHLY INCOME: _____	
TOTAL MONTHLY EXPENSES: _____	
Do you have a checking account? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Do you have a savings account? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Joint Balance: _____	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Joint Balance: _____
Bank Name: _____	Bank Name: _____
Account Number: _____	Account Number: _____

Date	Amount	Method of Payment	Description of Item
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b(6) and (7)(C)

REDACTED

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 & where? _____

Charges: _____

Disposition: _____

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

Were any pending charges disposed of during the month?

☐ Yes ☒ No

If yes, date: _____

Count: _____

Disposition: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Do you have a special license, permit, registration, or title?

☐ Yes ☒ No

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month? _____

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

Phil Gannett
SIGNATURE

3/5/96
DATE

REMARKS: _____

RECEIVED

Mail: _____ OC

HC: _____ CC

RETURN TO: _____

RECEIVED

JUN 21 1996

U.S. PROBATION OFFICE
NORTHERN DIST. CALIF.
OAKLAND

Date

U.S. Probation Officer

U. S. PROBATION OFFICE
1301 CLAY STREET, SUITE 220-S
OAKLAND, CA 94612-2504

REDACTED

PR-28 B
(Rev. 5/87)

b(6) and (7)(C)

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF

July, 1997

Name:

Phillip Sanchez

Court Name (if different):

Same

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

Street Address, Apt. Number:

Home Phone:

Pager Phone:

Other Phone:

City, State, Zip:

Complex/Subdivision:

Own or Rent?

Mailing Address (if different):

Persons Living with you:

Wife Nancy

Did you move during the month? ☐ Yes ☒ No

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? ☐ Yes ☒ No

How many days of work did you miss? Why?

Position Held:

Gross Income:

Normal Work Hours:

Did you change jobs? ☐ Yes ☒ No
Were you terminated? ☐ Yes ☒ 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:

81 Ford Escort

Color:

Yellow

Tax Number:

Owner:

Nancy Sanchez

2. Year/make/model:

81 Dodge Van

Color:

Yellow

Tax Number:

Owner:

Nancy

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment
(Attach proof of earnings)

Other Income:

TOTAL MONTHLY INCOME

TOTAL MONTHLY EXPENSES

Do you have a checking account? ☐ Yes ☒ No

☐ Individual

☐ Joint

Balance:

Bank Name:

Account Number:

Past Due Debts:

Amount Past Due:

Do you have a savings account? ☐ Yes ☒ No

☐ Individual

☐ Joint

Balance:

Bank Name:

Account Number:

List all purchases of individual goods or services for which you paid \$500 or more:

Date

Amount

Method of Payment

Description of Item

U.S. PROBATION OFFICE
NORTHERN DIST. CALIF.
OAKLAND

AUG 30 1996

RECEIVED

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?
☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?
☐ Yes ☒ No

If yes, type of drug: _____

Did you possess or have access to a firearm?
☐ Yes ☒ No

If yes, why? _____

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—If yes, amount paid during the month:

Special assessment: _____ Restitution: _____ Fine: _____

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?

If yes, did you miss any sessions during this month?

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: Phil Gaud

DATE

REMARKS:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

U. S. PROBATION OFFICE
1301 CLAY STREET, SUITE 220-S
OAKLAND, CA 94612-2504

U.S. Probation Officer

Date

6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF

Sept. 19 96

Name: <u>Phillip Sanchez</u>	Court Name (if different): <u>Same</u>
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PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement)

Street Address, Apt. Number:	Home Phone:	Pager Phone:	Other Phone:
City, State, ZIP Code:	Persons Living with you: <u>Wife Nancy</u>		
Complex/Subdivision:	Own or Rent? <u>Own</u>	Did you move during the month? <u>No</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Mailing Address (if different):	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? <u>Yes</u>
	How many days of work did you miss? <u>0</u> Why? <u>OCT 23 1996</u>	
	Position Held:	Gross Income: <u>U.S. PROBATION OFFICE NORTH DIST. CALIF. O. LAND</u>
Did you change jobs? <input type="checkbox"/> Yes <input checked="" 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: <u>81 Ford Escort</u>	Color: <u>Yellow</u>	Tan Number:	Owner: <u>Nancy Sanchez</u>
2. Year/make/model: <u>81 Dodge Van</u>	Color: <u>Yellow</u>	Tan Number:	Owner: <u>Nancy</u>

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings)	Past Due Debts:	Amount Past Due:
Other Income:		
TOTAL MONTHLY INCOME		
TOTAL MONTHLY EXPENSES		
Do you have a checking account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do you have a savings account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance: <u>/</u>	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance: <u>/</u>	
Bank Name: <u>/</u>	Bank Name: <u>/</u>	
Account Number: <u>/</u>	Account Number: <u>/</u>	

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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—If yes, amount paid during the month:

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month? _____

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

10/8/96
DATE

REMARKS:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

U. S. PROBATION OFFICE
1301 CLAY STREET, SUITE 220-S
OAKLAND, CA 94612-2504

U.S. Probation Office

Date

10/28/96

b(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF Oct, 19 96

Name: Philip Gaudin Court Name (if different): _____

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

Street Address: _____ Home Phone: _____ Pager Phone: _____ Other Phone: _____
City, State, Zip Code: _____
Complex/Subdivision: _____ Own or Rent? Own
Persons Living with you: Mother Wife
Did you move during the month? ☐ Yes ☒ No
If yes, date moved: _____ Reason for Moving: _____
Mailing Address (if different): Same as Above

PART B: EMPLOYMENT (If unemployed, list source of support under Part D)

Name, Address, Phone No. of Employer: _____
Name of Immediate Supervisor: Self-employed
Is your employer aware of your criminal status? ☐ Yes ☒ No
How many days of work did you miss? _____ Why? None
Position Held: _____ Gross Income: _____ Normal Work Hours: _____
Did you change jobs? ☐ Yes ☒ No
Were you terminated? ☐ Yes ☒ 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: 87 Ford Escort Color: Yellow Tax Number: _____ Owner: Nancy Gaudin
2. Year/make/model: _____ Color: _____ Tag Number: _____ Owner: _____

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings) _____ Past Due Debts: _____ Amount Past Due: _____
Other Income: _____
TOTAL MONTHLY INCOME _____
TOTAL MONTHLY EXPENSES _____
Do you have a checking account? ☐ Yes ☒ No
☐ Individual ☐ Joint Balance: _____
Bank Name: _____
Account Number: _____
Do you have a savings account? ☐ Yes ☒ No
☐ Individual ☐ Joint Balance: _____
Bank Name: _____
Account Number: _____

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item
	<u>X</u>	<u>X</u>	<u>X</u>

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Was anyone in your household arrested or questioned by law enforcement?

☐ Yes ☒ No

If yes, whom? _____

Reason: _____

Disposition: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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—If yes, amount paid during the month:

Special assessment: _____ Restitution: _____ Fine: _____

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?

If yes, did you miss any sessions during this month? _____

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: Phil David DATE: 10/9/96

REMARKS:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

**U. S. PROBATION OFFICE
1301 CLAY STREET, SUITE 220-S
OAKLAND, CA 94612-2504**

U.S. Probation Officer

Date

b(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF

19 76

Name: Shelly Davis Court Name: Lawrence
PART A. RESIDENCE (if new address attach copy of lease/purchase agreement)

Street: [REDACTED] City: [REDACTED]
State: [REDACTED] Zip: [REDACTED]

Telephone: [REDACTED]

Do you have a telephone? ☒ Yes ☐ No

Do you have a car? ☒ Yes ☐ No

Do you have a driver's license? ☒ Yes ☐ No

Do you have a job? ☒ Yes ☐ No

Do you have a source of support? ☒ Yes ☐ No

Do you have a source of support? ☒ Yes ☐ No

Do you have a source of support? ☒ Yes ☐ No

Do you have a source of support? ☒ Yes ☐ No

Do you have a source of support? ☒ Yes ☐ No

Do you have a source of support? ☒ Yes ☐ No

Do you have a source of support? ☒ Yes ☐ No

Do you have a source of support? ☒ Yes ☐ No

Do you have a source of support? ☒ Yes ☐ No

Do you have a source of support? ☒ Yes ☐ No

Do you have a source of support? ☒ Yes ☐ No

Do you have a source of support? ☒ Yes ☐ No

Do you have a source of support? ☒ Yes ☐ No

Do you have a source of support? ☒ Yes ☐ No

Do you have a source of support? ☒ Yes ☐ No

Do you have a source of support? ☒ Yes ☐ No

Do you have a source of support? ☒ Yes ☐ No

Do you have a source of support? ☒ Yes ☐ No

Do you have a source of support? ☒ Yes ☐ No

Do you have a source of support? ☒ Yes ☐ No

Do you have a source of support? ☒ Yes ☐ No

Do you have a source of support? ☒ Yes ☐ No

Do you have a source of support? ☒ Yes ☐ No

Do you have a source of support? ☒ Yes ☐ No

Do you have a source of support? ☒ Yes ☐ No

Do you have a source of support? ☒ Yes ☐ No

Do you have a source of support? ☒ Yes ☐ No

Do you have a source of support? ☒ Yes ☐ No

Do you have a source of support? ☒ Yes ☐ No

Do you have a source of support? ☒ Yes ☐ No

b(6) and (7)(C)

REDACTED

PART E COMPLIANCE WITH CONDITIONS OF SUPERVISION DURING THE PAST MONTH

Were you questioned or interviewed by any law enforcement agency?

☐ Yes ☒ No

If yes, date:

Agency:

Reason:

Were you reported by you or a co-defendant in any crime or case?

☐ Yes ☒ No

If yes, when & where?

Charge:

Disposition:

Attach copy of citation, receipt, charge, disposition, etc.

Were you contacted by anyone charged with probation during the month?

☐ Yes ☒ No

If yes, date:

Court:

Disposition:

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, when?

Did you discuss or use any weapons?

☐ Yes ☒ No

If yes, type of drug:

Do you have access to a telephone, television, radio, etc.?

☐ Yes ☒ No

Special assignment:

Testimony:

Fine:

NOTE: ALL PAYMENTS TO BE MADE BY MONEY ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.

Do you have continuing service work to complete?

☐ Yes ☒ No

Number of hours completed in a month:

Name of hours missed:

Balance of hours remaining:

Do you have a good record of employment with a company?

If yes, do you miss any sessions during this month?

Did you fail to respond to phone record or 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)

REMARKS:

I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE

AND CORRECT.

[Signature]
PROBATION

4/96

RECEIVED

MAIL _____ 66

FILE _____ 66

RETURN TO:

U. S. PROBATION OFFICE
1301 CLAY STREET, SUITE 230-S
OAKLAND, CA 94612-2504

U.S. Probation Officer

Date

b(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF

19

Name: *Shelly David* Date: *Same*

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

Address: *[Redacted]*

Phone: *[Redacted]*

Other: *[Redacted]*

City: *[Redacted]*

State: *[Redacted]*

Zip: *[Redacted]*

County: *[Redacted]*

Occupation: *Wife*

Employer: *Wife*

Reason for Moving: *[Redacted]*

Reason for Moving: *[Redacted]*

PART B. EMPLOYMENT (If unemployed, list source of support under Part C)

Name: *[Redacted]*

Address: *[Redacted]*

City: *[Redacted]*

State: *[Redacted]*

Zip: *[Redacted]*

Occupation: *[Redacted]*

Employer: *[Redacted]*

Phone: *[Redacted]*

Other: *[Redacted]*

City: *[Redacted]*

State: *[Redacted]*

Zip: *[Redacted]*

County: *[Redacted]*

Occupation: *[Redacted]*

Employer: *[Redacted]*

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

1. Year: *1984*

Make: *[Redacted]*

Model: *[Redacted]*

2. Year: *1984*

Make: *[Redacted]*

Model: *[Redacted]*

PART D. MONTHLY FINANCIAL STATEMENT

Net Income from Employment
(Attach proof of earnings)

Past Due Debts

Amount Past Due

Gross Income

TOTAL MONTHLY INCOME

TOTAL MONTHLY EXPENSES

Do you have a checking account? *[Redacted]*

Do you have a savings account? *[Redacted]*

1. Individual 2. Joint Balance

1. Individual 2. Joint Balance

Bank Name

Bank Name

Account Number

Account Number

Total past-due amount (include all past-due amounts, including interest)

Date: *[Redacted]* Amount: *[Redacted]* Method of Payment: *[Redacted]* Description of Item: *[Redacted]*

b(6) and (7)(C)

REDACTED

PART E COMPLIANCE WITH CONDITIONS OF SUPERVISION DURING THE PAST MONTH

Were you ever cited or charged by any law enforcement officer?
Yes ☐ No ☒

If yes, date:

Agency:

Reason:

Were you ever cited or charged as a defendant in any criminal case?
Yes ☐ No ☒

If yes, when & where?

Charge:

Disposition:

Were you ever cited or charged for failure to report?
Yes ☐ No ☒

If yes, date:

Court:

Disposition:

Did you ever fail to appear in court as required?
Yes ☐ No ☒

If yes, when?

Did you ever fail to appear in court as required?

If yes, when?

Did you ever fail to appear in court as required?

Did you ever fail to appear in court as required?

Did you ever fail to appear in court as required?

Were you ever cited or charged as a defendant in any criminal case?
Yes ☐ No ☒

If yes, when?

Reason:

Disposition:

Did you ever fail to appear in court as required?
Yes ☐ No ☒

If yes, when?

Did you ever fail to appear in court as required?

Did you ever fail to appear in court as required?

Did you ever fail to appear in court as required?

Did you ever fail to appear in court as required?

Did you ever fail to appear in court as required?

NOTE: ALL PAYMENTS TO BE MADE BY MONEY ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY

Did you ever fail to appear in court as required?
Yes ☐ No ☒

Did you ever fail to appear in court as required?

Did you ever fail to appear in court as required?

Did you ever fail to appear in court as required?

Did you ever fail to appear in court as required?

Did you ever fail to appear in court as required?

Did you ever fail to appear in court as required?

Did you ever fail to appear in court as required?

Did you ever fail to appear in court as required?

WARNING: ANY FALSE STATEMENTS MAY RESULT IN
REVOCATION OF PROBATION, SUPERVISED RELEASE OR
PAROLE IN ADDITION TO 5 YEARS IMPRISONMENT &
\$250,000 FINE OR BOTH

(18 U.S.C. 6103)

REMARKS:

RETURN

RECEIVED

Mail ☐ CC ☐

CC ☐ CC ☐

RETURN TO:

U. S. PROBATION OFFICE
1301 CLAY STREET, SUITE 220-S
OAKLAND, CA 94612-2504

[Signature] 12/16

PROB 8
b(6) and (7)(C)

U.S. PROBATION OFFICE

REDACTED

MONTHLY SUPERVISION REPORT FOR THE MONTH OF

19

97

Name:

Phillip Gaudin

Court Name (if different):

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

Street Address, Apt. Number:

Home Phone:

Pager Phone:

Other Phone:

City, State, Zip Code:

Persons Living with you:

Wife, Mother

Complex/Subdivision:

Own or Rent:

Did you move during the month? ☐ Yes ☒ No

Mailing Address (if different):

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? ☒ Yes ☐ No

How many days of work did you miss? Why?

Position Held:

Gross Income:

Normal Work Hours:

Did you change jobs? ☐ Yes ☐ No

If changed jobs or terminated, state when and why:

Were you terminated? ☐ Yes ☐ No

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

1. Year/make/model:

Color:

Tan Number:

Owner:

2. Year/make/model:

Color:

Tag Number:

Owner:

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment
(Attach proof of earnings)

Other Income:

TOTAL MONTHLY INCOME

TOTAL MONTHLY EXPENSES

Do you have a checking account? ☐ Yes ☒ No

☐ Individual

☐ Joint

Balance:

Bank Name:

Account Number:

Past Due Debts:

Amount Past Due:

Do you have a savings account? ☐ Yes ☒ No

☐ Individual

☐ Joint

Balance:

Bank Name:

Account Number:

List all purchases of individual goods or services for which you paid \$500 or more:

Date

Amount

Method of Payment

Description of Item

REDACTED

b(6) and (7)(C)

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Was anyone in your household arrested or questioned by law enforcement?

☐ Yes ☒ No

If yes, whom? _____

Reason: _____

Disposition: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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 -- If yes, amount paid during the month:

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month? _____

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 1/97


REMARKS:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:


U. S. PROBATION OFFICE
1301 CLAY STREET, SUITE 220-S
OAKLAND, CA 94612-2504

U.S. Probation Officer

Date

6/12/02

PR-10
(Rev. 5/91)

(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF Feb, 19 97

Name: <u>Phillip G. Brown</u>		Court Name (if different):	
PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement)			
Street Address, Apt. Number: <u>1010 1st St. N.W.</u>		Home Phone: <u>703-591-1111</u>	Pager Phone: <u>703-591-1111</u>
City, State, Zip Code: <u>Atlanta, GA 30309</u>		Other Phone:	
County/Subdivision: <u>DeKalb</u>		Persons Living with you: <u>Wife Mary</u>	
Own or Rent? <u>Own</u>		Did you move during the month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Mailing Address (if different):		If yes, date moved: Reason for Moving:	

PART B: EMPLOYMENT (If unemployed, list source of support under Part D)			
Name, Address, Phone No., Employer: <u>U</u>		Name of immediate supervisor: <u>Self-Employed</u>	Is your employer aware of your criminal status? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		How many days of work did you miss? Why?	
		Position Held:	Gross Income: Normal Work Hours:
Did you change jobs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If changed jobs or terminated, state when and why:	
Were you terminated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

PART C: VEHICLES (List all vehicles owned or driven by you)			
1. Year/make/model: <u>1994 Ford Model</u>	Color: <u>Yellow</u>	Tan Number: <u>None</u>	Owner: <u>None</u>
2. Year/make/model:	Color:	Tag Number:	Owner:

PART D: MONTHLY FINANCIAL STATEMENT	
Net Income From Employment (Attach proof of earnings)	Past Due Debts: Amount Past Due:
Other Income: <u>wife</u>	
TOTAL MONTHLY INCOME <u>17</u>	
TOTAL MONTHLY EXPENSES	
Do you have a checking account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do you have a savings account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance:	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance:
Bank Name:	Bank Name:
Account Number:	Account Number:

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?
☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?
☐ Yes ☒ No

If yes, type of drug: _____

Was anyone in your household arrested or questioned by law enforcement?
☐ Yes ☒ No

If yes, whom? _____

Reason: _____

Disposition: _____

Did you possess or have access to a firearm?
☐ Yes ☒ No

If yes, why? _____

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 — If yes, amount paid during the month:

Special assessment: _____ Restitution: _____ Fine: _____

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?

If yes, did you miss any sessions during this month? _____

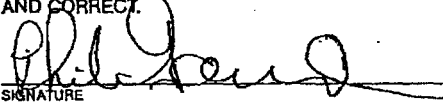
Did you fail to respond to phone recorder instructions?
☐ Yes ☒ No

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 2/19/97

REMARKS:

RECEIVED:

_____ Mail _____ OC
_____ HC _____ CC

RETURN TO:


U. S. PROBATION OFFICE
1301 CLAY STREET, SUITE 220-S
OAKLAND, CA 94612-2504

U.S. Probation Officer

Date

6/12/97

b(6) and (7)(C)

U.S. PROBATION OFFICE

REDACTED

MONTHLY SUPERVISION REPORT FOR THE MONTH OF Feb, 19 97

Name: Phillip Garza Court Name (if different): _____

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

Street Address Apt. Number _____ Home Phone: _____ Pager Phone: _____ Other Phone: _____

City, State, Zip Code: _____ Persons Living with you: Wife Mary

Community Subdivision _____ Own or Rent? Own Did you move during the month? ☐ Yes ☒ No

Mailing Address (if different): _____ 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: Self Employed

Is your employer aware of your criminal status? ☐ Yes ☒ No

How many days of work did you miss? _____ Why? _____

Position Held: _____ Gross Income: _____ Normal Work Hours: _____

Did you change jobs? ☐ Yes ☒ No If changed jobs or terminated, state when and why: _____
Were you terminated? ☐ Yes ☒ No

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

1. Year/Make/Model: <u>1994 Ford</u>	Color: <u>Yellow</u>	Ten Number: _____	Owner: <u>Range Garza</u>
2. Year/Make/Model: _____	Color: _____	Tag Number: _____	Owner: _____

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings) _____

Other Income: _____

TOTAL MONTHLY INCOME 4,150

TOTAL MONTHLY EXPENSES _____

Do you have a checking account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance: _____

Bank Name: _____

Account Number: _____

Past Due Debts: _____ Amount Past Due: _____

Do you have a savings account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance: _____

Bank Name: _____

Account Number: _____

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Was anyone in your household arrested or questioned by law enforcement?

☐ Yes ☒ No

If yes, whom? _____

Reason: _____

Disposition: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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 If yes, amount paid during the month:

Special assessment: _____ Restitution: _____ Fine: _____

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?

If yes, did you miss any sessions during this month? _____

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: Philip J. [Signature] DATE: 1/97

REMARKS:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

U.S. PROBATION OFFICE
1301 CLAY STREET, SUITE 220-S
OAKLAND, CA 94612-2504

U.S. Probation Officer

Date

b(6) and (7)(C)
(Rev. 5/91)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF MARCH, 19 92

Name: <u>Phillip James</u>		Court Name (if different):	
PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement)			
Street Address, Apt. Number:		Home Phone:	Other Phone:
City, State, Zip Code:		Persons Living with you: <u>wife, mother</u>	
Complex/Subdivision:		Did you move during the month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Own or Rent?		If yes, date moved: <u>K</u> Reason for Moving:	
Mailing Address (if different):			

PART B: EMPLOYMENT (If unemployed, list source of support under Part D)			
Name, Address, Phone No. of Employer:		Name of immediate supervisor: <u>Phillip James</u>	Is your employer aware of your criminal status? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		How many days of work did you miss? <u>10</u>	Why?
		Position Held:	Gross Income:
		Normal Work Hours:	
Did you change jobs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If changed jobs or terminated, state when and why:	
Were you terminated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

PART C: VEHICLES (List all vehicles owned or driven by you)			
1. Year/make/model: <u>87 Ford Escort</u>	Color: <u>Yellow</u>	Tag Number:	Owner: <u>Nancy James</u>
2. Year/make/model:	Color:	Tag Number:	Owner:

PART D: MONTHLY FINANCIAL STATEMENT			
Net Income From Employment (Attach proof of earnings)		Past Due Debts:	Amount Past Due:
Other Income:			
TOTAL MONTHLY INCOME			
TOTAL MONTHLY EXPENSES			
Do you have a checking account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have a savings account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance:		<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance:	
Bank Name:		Bank Name:	
Account Number:		Account Number:	

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item
	<u>X</u>		

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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 - If yes, amount paid during the month:

Special assessment: _____ Restitution: _____ Fine: _____

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?

If yes, did you miss any sessions during this month?

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: Phil Gaud DATE: mar/97

REMARKS:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

U. S. PROBATION OFFICE
1301 CLAY STREET, SUITE 220-S
OAKLAND, CA 94612-2504

U.S. Probation Officer

Date

b(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF April, 1997

Name: Phillip Garrido Court Name (if different): _____

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

Street Address And _____ Home Phone: _____ Pager Phone: _____ Other Phone: _____
City, State, Zip Code: _____ Persons Living with you: NANCY
Complex/Subdivision: _____ Own or Rent? mon, wife
Did you move during the month? ☐ Yes ☒ No
Mailing Address (if different): _____ 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: Self Is your employer aware of your criminal status? ☒ Yes ☐ No
How many days of work did you miss? None Why? _____
Position Held: Self Gross Income: _____ Normal Work Hours: _____
Did you change jobs? ☐ Yes ☒ No If changed jobs or terminated, state when and why: None
Were you terminated? ☐ Yes ☒ No

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

1. Year/make/model: 81 Ford Color: Yellow Tag Number: _____ Owner: Nancy Garrido
2. Year/make/model: _____ Color: _____ Tag Number: _____ Owner: _____

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings) _____ Past Due Debts: _____ Amount Past Due: _____
Other Income: _____
TOTAL MONTHLY INCOME _____
TOTAL MONTHLY EXPENSES _____
Do you have a checking account? ☐ Yes ☒ No Do you have a savings account? ☐ Yes ☒ No
☐ Individual ☐ Joint Balance: _____ ☐ Individual ☐ Joint Balance: _____
Bank Name: _____ Bank Name: _____
Account Number: _____ Account Number: _____

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item
		<u>X</u>	<u></u>

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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

If yes, amount paid during the month:

Special assessment: _____ Restitution: _____ Fine: _____

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?

If yes, did you miss any sessions during this month? _____

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 4/19/97

REMARKS:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

U. S. PROBATION OFFICE
1301 CLAY STREET, SUITE 220-S
OAKLAND, CA 94612-2504

U.S. Probation Officer

Date

5/19/97

b(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF May, 19 97

Name: PHILIP GARRIDO Court Name (if different): _____

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

Street Address: _____ Home Phone: _____ Other Phone: _____

City/State, Zip Code: _____ Persons Living with you: NANCY

Complex/subdivision: _____ Own or Rent? Own Can you move during the month? ☐ Yes ☒ No

Mailing Address (if different): _____ 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: Self Employed

Is your employer aware of your criminal status? ☐ Yes ☒ No

How many days of work did you miss? NONE Why? _____

Position Held: _____ Gross Income: _____ Normal Work Hours: _____

Did you change jobs? ☐ Yes ☒ 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: 81 Ford Escort Color: Yellow Tag Number: _____ Owner: NANCY

2. Year/make/model: _____ Color: _____ Tag Number: _____ Owner: _____

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings) _____ Past Due Debts: _____ Amount Past Due: _____

Other Income: _____

TOTAL MONTHLY INCOME _____

TOTAL MONTHLY EXPENSES _____

Do you have a checking account? ☐ Yes ☒ No Do you have a savings account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance: _____ ☐ Individual ☐ Joint Balance: _____

Bank Name: _____ Bank Name: _____

Account Number: _____ Account Number: _____

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did 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

If yes, amount paid during the month: _____

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month? _____

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:

RECEIVED:

Mail

OC

HC

CC

RETURN TO:

U. S. PROBATION OFFICE
1301 CLAY STREET, SUITE 220-S
OAKLAND, CA 94612-2504

U.S. Probation Officer

Date

b(6) and (7)(C) PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF

ACTED

June, 19 97

Name: Phillip Garwood Court Name (if different): _____

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

Street Address, Apt. Number: _____ Home: _____ Other Phone: _____

Complex/Subdivision: _____ Own or Rent? Own

Persons Living with you: Nancy

Did you move during the month? ☐ Yes ☒ No

Mailing Address (if different): _____ 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: Sam

Is your employer aware of your criminal status? ☐ Yes ☒ No

How many days of work did you miss? _____ Why? _____

Position Held: _____ Gross Income: _____ Normal Work Hours: _____

Did you change jobs? ☐ Yes ☒ No
Were you terminated? ☐ Yes ☒ 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: <u>81 Ford Escort</u>	Color: <u>Yellow</u>	Tag Number: _____	Owner: <u>Nancy</u>
2. Year/make/model: _____	Color: _____	Tag Number: _____	Owner: _____

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings)	_____	Past Due Debts:	_____	Amount Past Due:	_____
Other Income:	_____		_____		_____
TOTAL MONTHLY INCOME	_____		_____		_____
TOTAL MONTHLY EXPENSES	_____		_____		_____

Do you have a checking account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do you have a savings account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance: _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance: _____
Bank Name: <u>_____</u>	Bank Name: <u>_____</u>
Account Number: _____	Account Number: <u>_____</u>

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REDACTED

b(6) and (7)(C)

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Was anyone in your household arrested or questioned by law enforcement?

☐ Yes ☒ No

If yes, whom? _____

Reason: _____

Disposition: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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—If yes, amount paid during the month: _____

Special assessment: _____ Restitution: _____ Fine: _____

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?

If yes, did you miss any sessions during this month? _____

Did you fail to respond to phone recorder instructions?

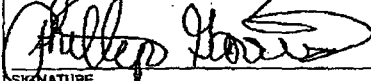
☐ Yes ☒ No

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:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:


U. S. PROBATION OFFICE
1301 CLAY STREET, SUITE 220-S
OAKLAND, CA 94612-2504

RECEIVED

JUL 14 1997

U.S. PROBATION OFFICE
NORTHEAST DISTRICT
COURT HOUSE

U.S. Probation Officer

Date

b(6) and (7)(C)
(Rev. 6/91)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF July, 19 97

Name: GARRON, PHILIP Court Name (if different): SAME

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

Street Address, Apt. Number: _____ Home Phone: _____ Pager Phone: _____ Other Phone: _____

City, State, Zip Code: _____ Persons Living with you: - Mom - Nancy - wife

Complex/Subdivision: _____ Own or Rent? Own Did you move during the month? ☐ Yes ☒ No

Mailing Address (if different): _____ If yes, date moved: _____ Reason for moving: _____

PART B: EMPLOYMENT (If unemployed, list source of support under Part D)

Name of immediate supervisor: Self-Employed Is your employer aware of your criminal status? ☒ Yes ☐ No

How many days of work did you miss? _____ Why? None

Position Held: _____ Gross Income: _____ Normal Work Hours: _____

Did you change jobs? ☐ Yes ☒ No If changed jobs or terminated, state when and why: _____
Were you terminated? ☐ Yes ☒ No

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

1. Year/make/model: 81 Ford Escort Color: Yellow Tag Number: _____ Owner: Nancy

2. Year/make/model: _____ Color: _____ Tag Number: _____ Owner: _____

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings) _____ Past Due Debts: _____ Amount Past Due: _____

Other Income: _____

TOTAL MONTHLY INCOME: _____

TOTAL MONTHLY EXPENSES: _____

Do you have a checking account? ☐ Yes ☒ No Do you have a savings account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance: _____ ☐ Individual ☐ Joint Balance: _____

Bank Name: _____ Bank Name: RECEIVED

Account Number: _____ Account Number: _____

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item
	<u>[Signature]</u>		U.S. Probation Office Northern District of California Oakland

REDACTED

b(6) and (7)(C)

PART E COMPLIANCE WITH CONDITIONS OF SUPERVISION DURING THE PAST MONTH	
Were you questioned by any law enforcement officers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were you arrested or named as a defendant in any criminal case? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, date: _____	If yes, when & where? _____
Agency: _____	Charges: _____
Reason: _____	Disposition: _____
(Attach copy of citation, receipt, charges, disposition, etc.)	
Were any pending charges disposed of during the month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was anyone in your household arrested or questioned by law enforcement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, date: _____	If yes, whom? _____
Court: _____	Reason: _____
Disposition: _____	Disposition: _____
Did you have any contact with anyone having a criminal record? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Did you possess or have access to a firearm? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, whom? _____	If yes, why? _____
Did you possess or use any illegal drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Did you travel outside the district without permission? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, type of drug: _____	If yes, when and where? _____
Do you have a special assessment, restitution or fine? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, amount paid during the month: _____
Special assessment: _____	Restitution: _____
	Fine: _____

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do you have drug, alcohol or mental health aftercare? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of hours completed this month: _____	If yes, did you miss any sessions during this month? _____
Number of hours missed: _____	Did you fail to respond to phone recorder instructions? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Balance of hours remaining: _____	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: Philip Gammal Date: 8/6/97

REMARKS:

RECEIVED:

____ Mail _____ OC
____ HC _____ CC

RETURN TO:

U. S. PROBATION OFFICE
1301 CLAY STREET, SUITE 220-S
OAKLAND, CA 94612-2504

U.S. Probation Officer

Date

✓ PROB. B
(Rev. 8-80)

b(6) and (7)(C)

REDACTED RECEIVED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF

August, 1997

Name:

Phillip C. Gaudin

Court Name (if different):

Phillip C. Gaudin

U.S. PROBATION OFFICE
NORTH DIST. CALIF.
SAN FRANCISCO

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

Street Address, Apt. Number:

Home Phone:

Other Phone:

Complex/Subdivision:

Own or Rent?

Rent

Persons Living with you:

Mother, wife

Did you move during the month? ☐ Yes ☒ No

Mailing Address (if different):

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:

Self Employed

Is your employer aware of your criminal status? ☐ Yes ☒ No

How many days of work did you miss?

Why?

NONE

Position Held:

Gross Income:

Normal Work Hours:

Did you change jobs? ☐ Yes ☒ No
Were you terminated? ☐ Yes ☒ 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:

Dodge Van

Color:

Gray

Tag Number:

Owner:

Nancy Gaudin

2. Year/make/model:

Color:

Tag Number:

Owner:

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment
(Attach proof of earnings)

Other Income:

TOTAL MONTHLY INCOME

TOTAL MONTHLY EXPENSES

Past Due Debts:

Amount Past Due:

Do you have a checking account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance:

Bank Name:

Account Number:

Do you have a savings account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance:

Bank Name:

Account Number:

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Was anyone in your household arrested or questioned by law enforcement?

☐ Yes ☒ No

If yes, whom? _____

Reason: _____

Disposition: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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 — If yes, amount paid during the month:

Special assessment: _____ Restitution: _____ Fine: _____

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?

If yes, did you miss any sessions during this month? _____

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:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

U. S. PROBATION OFFICE
1301 CLAY STREET, SUITE 220-S
OAKLAND, CA 94612-2504

U.S. Probation Officer

Date

RECEIVED

PD 08 8
(Rev. 6/91)

b(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF Sept, 19 97

Name: Phillip Garido Court Name (if different): _____

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

Current Address: Apt. Number: _____ Home Phone: _____ Pager Phone: _____ Other Phone: _____
Persons Living with you: wife, mother
Complex/Subdivision: _____ Own or Rent? ☒ Yes ☐ No
Did you move during the month? ☐ Yes ☒ No
Mailing Address (if different): _____ 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? ☒ Yes ☐ No
How many days of work did you miss? _____ Why? _____
Position Held: _____ Gross Income: _____ Normal Work Hours: _____
Did you change jobs? ☐ Yes ☒ No If changed jobs or terminated, state when and why: _____
Were you terminated? ☐ Yes ☒ No

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

1. Year/make/model: Dodge Van Color: Gray Tag Number: _____ Owner: Daniel Garido
2. Year/make/model: _____ Color: _____ Tag Number: _____ Owner: _____

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings) _____ Past Due Debts: _____ Amount Past Due: _____
Other Income: _____
TOTAL MONTHLY INCOME _____
TOTAL MONTHLY EXPENSES _____
Do you have a checking account? ☒ Yes ☐ No Do you have a savings account? ☐ Yes ☒ No
☐ Individual ☐ Joint Balance: _____
Bank Name: BANK OF AMERICA ☐ Individual ☐ Joint Balance: _____
Account Number: _____ Bank Name: _____
Account Number: _____

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment
_____	_____	_____
_____	_____	_____
_____	_____	_____

80T 06 1997
U.S. Probation Office
Northern Dist. Court
Oakland

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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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Was anyone in your household arrested or questioned by law enforcement?

☐ Yes ☒ No

If yes, whom? _____

Reason: _____

Disposition: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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—If yes, amount paid during the month:

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month? _____

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.

Phil Garrido

SIGNATURE

DATE

9/30/99

REMARKS:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

U. S. PROBATION OFFICE
1301 CLAY STREET, SUITE 220-S
OAKLAND, CA 94612-2504

U.S. Probation Officer

Date

10/9/99

(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF October, 19 97

Name: <u>Philip Garred</u>		Court Name (if different):	
PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement)			
Street Address, Apt. Number:		Home Phone:	Pager Phone: Other Phone:
Complex/Subdivision:		Persons Living with you: <u>Wife & Mother</u>	
Own or Rent? <input checked="" type="checkbox"/> Own <input type="checkbox"/> Rent		Did you move during the month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Mailing Address (if different):		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: <u>Self-Employed</u>	
		Is your employer aware of your criminal status? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		How many days of work did you miss? <u>2</u> Why?	
		Position Held:	Gross Income: Normal Work Hours:
Did you change jobs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Were you terminated? <input type="checkbox"/> Yes <input checked="" 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: <u>81 DODGE VAN</u>	Color: <u>GREY</u>	Tag Number:	Owner: <u>NANCY GARRED</u>
2. Year/make/model:	Color:	Tag Number:	Owner:

PART D: MONTHLY FINANCIAL STATEMENT			
Net Income From Employment (Attach proof of earnings)		Past Due Debts: Amount Past Due:	
Other Income:			
TOTAL MONTHLY INCOME			
TOTAL MONTHLY EXPENSES			
Do you have a checking account? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a savings account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Joint Balance:		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Joint Balance:	
Bank Name: <u>Bank of America</u>		Bank Name: <u>U.S. PRO...</u>	
Account Number:		Account Number:	

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Was anyone in your household arrested or questioned by law enforcement?

☐ Yes ☒ No

If yes, whom? _____

Reason: _____

Disposition: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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—if yes, amount paid during the month:

Special assessment: _____ Restitution: _____ Fine: _____

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?

If yes, did you miss any sessions during this month? _____

Did you fail to respond to phone recorder instructions?

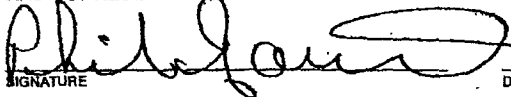
☐ Yes ☒ No

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:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

U.S. PROBATION OFFICER
1301 CLAY ST., #220S
OAKLAND, CA 94612

U.S. Probation Officer

Date

PROP. 8
(b)(6) and (b)(7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF Nov., 19 97.

Name: PHILLIP GARRO Court Name (if different): _____

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

Street Address and Number: _____ Home Phone: _____ Office Phone: _____ Other Phone: _____
City, State, Zip Code: _____ Persons Living with you: Wife & Mother
Complex/Subdivision: _____ Own or Rent? ☒ Yes ☐ No
Did you move during the month? ☐ Yes ☒ No
Mailing Address (if different): _____ 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: Self-Employed Is your employer aware of your criminal status? ☒ Yes ☐ No
How many days of work did you miss? 0 Why? _____
Position Held: Self-Em. Gross Income: _____ Normal Work Hours: _____
Did you change jobs? ☐ Yes ☒ No Were you terminated? ☐ Yes ☒ 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: <u>81 DODGE VAN</u>	Color: <u>GREY</u>	Tag Number: _____	Owner: <u>NANCY GARRO</u>
2. Year/make/model: _____	Color: _____	Tag Number: _____	Owner: _____

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings) _____	Past Due Debts: _____	Amount Past Due: _____
Other Income: _____	_____	_____
TOTAL MONTHLY INCOME _____	_____	_____
TOTAL MONTHLY EXPENSES _____	_____	_____
Do you have a checking account? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a savings account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance: _____	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Joint Balance: _____	
Bank Name: <u>BANK OF AMERICA</u>	Bank Name: _____	
Account Number: _____	Account Number: _____	

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RECEIVED
MAR 20 1998
U.S. PROBATION OFFICE
NORTH CAROLINA
COUNTY OF _____

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REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did 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—If yes, amount paid during the month:

Special assessment: _____ Restitution: _____ Fine: _____

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?

If yes, did you miss any sessions during this month? _____

Did you fail to respond to phone recorder instructions?

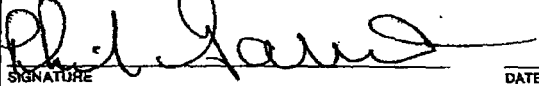
☐ Yes ☒ No

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:

RECEIVED:

_____ Mail _____ OC
_____ HC _____ CC

RETURN TO:

U.S. PROBATION OFFICER
1301 CLAY ST., #220S
OAKLAND, CA 94612

U.S. Probation Officer

Date

PROB 6
(Rev. 5/78)

b(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF Dec, 19 91

Name: Philip Gannuso Court Name (if different): _____

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

Current Address: _____ Home Phone: _____ Pager Phone: _____ Other Phone: _____
City, State, Zip Code: _____ Persons Living with you: Wife + Mother
Complex/Subdivision: _____ Own or Rent? ☒ Yes ☐ No
Did you move during the month? ☐ Yes ☒ No
Mailing Address (if different): _____ 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: Self-Employed Is your employer aware of your criminal status? ☐ Yes ☒ No
How many days of work did you miss? 1 Why? _____
Position Held: Self Gross Income: _____ Normal Work Hours: _____
Did you change jobs? ☐ Yes ☒ No If changed jobs or terminated, state when and why: _____
Were you terminated? ☐ Yes ☒ No

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

1. Year/make/model: 81 Dodge Van Color: Grey Tag Number: _____ Owner: Nancy Gannuso
2. Year/make/model: _____ Color: _____ Tag Number: _____ Owner: _____

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings) _____ Past Due Debts: _____ Amount Past Due: _____
Other Income: _____
TOTAL MONTHLY INCOME _____
TOTAL MONTHLY EXPENSES 1 _____
Do you have a checking account? ☒ Yes ☐ No Do you have a savings account? ☐ Yes ☒ No
☒ Individual ☐ Joint Balance: _____ ☐ Individual ☒ Joint Balance: _____
Bank Name: Bank of America Bank Name: _____
Account Number: _____ Account Number: _____

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Was anyone in your household arrested or questioned by law enforcement?

☐ Yes ☒ No

If yes, whom? _____

Reason: _____

Disposition: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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—If yes, amount paid during the month:

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month? _____

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:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

U.S. PROBATION OFFICER
1301 CLAY ST., #220S
OAKLAND, CA 94612

U.S. Probation Officer

Date

3/10/03/08

REDACTED

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U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF

JAN, 19 98

Name: Philip Garrido Court Name (if different): _____

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

Street Address, Apt. Number: _____ Home Phone: _____ Pager Phone: _____ Other Phone: _____

Complex/Subdivision: _____ Own or Rent? ☒ Own ☐ Rent

Mailing Address (if different): _____ Persons Living with you: Wife + Mother

Did you move during the month? ☐ Yes ☒ No

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: Self

Is your employer aware of your criminal status? ☐ Yes ☒ No

How many days of work did you miss? 0 Why? _____

Position Held: _____ Gross Income: _____ Normal Work Hours: _____

Did you change jobs? ☐ Yes ☒ No
Were you terminated? ☐ Yes ☒ 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: 81 DODGE VAN Color: GREY Tag Number: _____ Owner: Vanessa Garrido

2. Year/make/model: _____ Color: _____ Tag Number: _____ Owner: _____

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings) _____

Other Income: Wife

TOTAL MONTHLY INCOME _____

TOTAL MONTHLY EXPENSES _____

Do you have a checking account? ☒ Yes ☐ No

☐ Individual ☐ Joint Balance: _____

Bank Name: B of A

Account Number: _____

Past Due Debts: _____ Amount Past Due: _____

Do you have a savings account? ☒ Yes ☐ No

☐ Individual ☐ Joint Balance: _____

Bank Name: _____

Account Number: _____

List all purchases of individual goods or services for which you paid \$500 or more:

Date Amount Method of Payment

RECEIVED
FEB 23 1998
U.S. PROBATION OFFICE
NORTHERN DIST. CALIF.
OAKLAND

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Was anyone in your household arrested or questioned by law enforcement?

☐ Yes ☒ No

If yes, whom? _____

Reason: _____

Disposition: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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—If yes, amount paid during the month:

Special assessment: _____ Restitution: _____ Fine: _____

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?

If yes, did you miss any sessions during this month? _____

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.

Phil Davis
SIGNATURE DATE

REMARKS:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

U.S. PROBATION OFFICER
1301 CLAY ST., #220S
OAKLAND, CA 94612

U.S. Probation Officer

Date

b(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF FEB., 19 98.

Name: PHILLIP GARREDO Court Name (if different): SAME

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

Street Address, Apt. Number: _____ Home: _____ Pager Phone: _____ Other Phone: _____

City, State, Zip Code: _____

Persons Living with you:

Complex/Subdivision: _____

Own or Rent? (Rent)

Wife - None Mom - None

Did you move during the month? ☐ Yes ☒ No

Mailing Address (if different): SAME

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: PHILLIP GARREDO

Is your employer aware of your criminal status? ☒ Yes ☐ No

How many days of work did you miss? 0 Why? _____

Position Held: _____

Gross Income: _____

Normal Work Hours: _____

Did you change jobs? ☐ Yes ☒ No
Were you terminated? ☐ Yes ☒ 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: 81 DODGE VAN

Color: GRAY

Tag Number: 1

Owner: PHILLIP GARREDO

2. Year/make/model: _____

Color: _____

Tag Number: _____

Owner: _____

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment
(Attach proof of earnings)

Past Due Debts:

Amount Past Due:

Other Income: _____

TOTAL MONTHLY INCOME _____

TOTAL MONTHLY EXPENSES _____

Do you have a checking account? ☐ Yes ☒ No

Do you have a savings account? ☐ Yes ☒ No

☒ Individual ☐ Joint Balance: _____

☐ Individual ☐ Joint Balance: _____

Bank Name: BANK OF AMERICA

Bank Name: _____

Account Number: _____

Account Number: _____

List all purchases of individual goods or services for which you paid \$500 or more:

Date Amount Method of Payment

MAR 23 1998
Description of Item

U.S. PROBATION OFFICE
NORTHERN DIST. CALIF.
OAKLAND

RECEIVED

(b)(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF March, 19 98

Name: <u>Phillip Garib</u>	Court Name (if different): <u>Sum</u>
PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement)	
Street: _____	Home Phone: _____ Pager Phone: _____ Other Phone: _____

City: _____	Persons Living with you: <u>wife - Mom</u>
Complex/Subdivision: _____ Own or Rent? <input checked="" type="checkbox"/> Own <input type="checkbox"/> Rent	Did you move during the month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Mailing Address (if different): <u>RECEIVED</u> <u>FEB 16 1998</u>	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: <u>U.S. PROBATION OFFICE</u> <u>1ST CALE</u>	Name of immediate supervisor: _____ Is your employer aware of your criminal status? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
How many days of work did you miss? <u>0</u> Why? _____	
Position Held: <u>Self</u>	Gross Income: _____ Normal Work Hours: _____
Did you change jobs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Were you terminated? <input type="checkbox"/> Yes <input checked="" 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: <u>81 Dodge Van</u>	Color: <u>Grey</u>	Tax Number: _____	Owner: <u>Nancy Garib</u>
2. Year/make/model: _____	Color: _____	Tag Number: _____	Owner: _____

PART D: MONTHLY FINANCIAL STATEMENT	
Net Income From Employment (Attach proof of earnings)	Past Due Debts: _____ Amount Past Due: _____
Other Income: _____	
TOTAL MONTHLY INCOME	
TOTAL MONTHLY EXPENSES	
Do you have a checking account? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a savings account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance: _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance: _____
Bank Name: _____	Bank Name: _____
Account Number: _____	Account Number: _____

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REDACTED

b(6) and (7)(C)

PART I 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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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—If yes, amount paid during the month:

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month? _____

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:

RECEIVED:

_____ Mail _____ OC.

_____ HC _____ CC

RETURN TO:

U.S. PROBATION OFFICER
1301 CLAY ST., #220S
OAKLAND, CA 94612

U.S. Probation Officer

Date

1/16/98

REDACTED

REDACTED

(6) and (7)(C)

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF April, 19 95

Name: Philip Garde Court Name (if different): _____

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

Street Address, Apt. Number: _____ Home Phone: _____ Pager Phone: _____ Other Phone: _____

City, State, Zip Code: _____ Persons Living with you: Mrs. Nancy - wife

Complex/Subdivision: _____ Own or Rent? Own Did you move during the month? ☐ Yes ☒ No

Mailing Address (if different): _____ 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: Phil Garde

Is your employer aware of your criminal status? ☒ Yes ☐ No

How many days of work did you miss? _____ Why? _____

RECEIVED

Position Held: _____ Gross Income: 1 1999 Normal Work Hours: _____

Did you change jobs? ☐ Yes ☒ No Were you terminated? ☐ Yes ☒ No If changed jobs or terminated, state when and why: _____

U.S. PROBATION OFFICE
SAC, FERNANDIST, CALIF.

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

1. Year/make/model: <u>81 Dodge Van</u>	Color: <u>Black</u>	Tag Number: _____	Owner: <u>Nancy Garde</u>
2. Year/make/model: _____	Color: _____	Tag Number: _____	Owner: _____

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings)	Past Due Debts:	Amount Past Due:
Other Income:		
TOTAL MONTHLY INCOME		
TOTAL MONTHLY EXPENSES		
Do you have a checking account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do you have a savings account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance: _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance: _____	
Bank Name: _____	Bank Name: _____	
Account Number: _____	Account Number: _____	

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item

REDACTED

b(6) and (7)(C)

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Was anyone in your household arrested or questioned by law enforcement?

☐ Yes ☒ No

If yes, whom? _____

Reason: _____

Disposition: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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 — If yes, amount paid during the month:

Special assessment: _____ Restitution: _____ Fine: _____

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?

If yes, did you miss any sessions during this month? _____

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:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

U.S. PROBATION OFFICER
1301 CLAY ST., #220S
OAKLAND, CA 94612

U.S. Probation Officer

Date

b(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE

MONTHLY SUPERVISION REPORT FOR THE MONTH OF May, 19 98

Name: PHILLIP GARCIA Court Name (if different): 1

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

Street Address, Apt. Number: _____ Phone: _____ Other Phone: _____

City/State, Zip Code: _____

Persons Living with you: Wife - Nancy, Mom

Own or Rent? Own Did you move during the month? ☐ Yes ☒ No

Mailing Address (if different): _____ 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: SELF (PH) Is your employer aware of your criminal status? ☒ Yes ☐ No

How many days of work did you miss? _____ Why? _____

Position Held: _____ Gross Income: _____ Normal Work Hours: _____

Did you change jobs? ☐ Yes ☒ No Were you terminated? ☐ Yes ☒ 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: 86 Dodge Van Color: Gray Tag Number: _____ Owner: Nancy

2. Year/make/model: _____ Color: _____ Tag Number: _____ Owner: _____

PART D: MONTHLY FINANCIAL STATEMENT

RECEIVED

Net Income From Employment (Attach proof of earnings) _____ Past Due Debts: _____ Amount Past Due: JUN 17 1998

Other Income: _____

TOTAL MONTHLY INCOME _____

TOTAL MONTHLY EXPENSES _____

Do you have a checking account? ☐ Yes ☒ No

Do you have a savings account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance: _____

☐ Individual ☐ Joint Balance: _____

Bank Name: _____

Bank Name: _____

Account Number: _____

Account Number: _____

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REDACTED

b(6) and (7)(C)

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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—If yes, amount paid during the month: _____

Special assessment: _____ Restitution: _____ Fine: _____

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?

If yes, did you miss any sessions during this month? _____

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:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

U.S. PROBATION OFFICER
1301 CLAY ST., #220S
OAKLAND, CA 94612

U.S. Probation Officer

Date

REDACTED

b(6) and (7)(C)

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF June, 19 98

Name: Phillip Garde Court Name (if different): _____

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

Street Address, Apt. Number: _____ Home Phone: _____ Pager Phone: _____ Other Phone: _____

City, State, Zip Code: _____

Persons Living with you:

Complex/Subdivision: _____

Own or Rent? _____

Did you move during the month? ☐ Yes ☒ No

Mailing Address (if different): _____

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? ☒ Yes ☐ No

How many days of work did you miss? 0 Why? _____

Position Held: _____

Gross Income: _____

Normal Work Hours: _____

Did you change jobs? ☐ Yes ☒ No
Were you terminated? ☐ Yes ☒ 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: _____

Tag No.: _____

Owner: _____

2. Year/make/model: _____

Color: _____

Tag Number: _____

Owner: _____

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment
(Attach proof of earnings)

Past Due Debts: _____

Amount Past Due: _____

Other Income: _____

TOTAL MONTHLY INCOME _____

TOTAL MONTHLY EXPENSES _____

Do you have a checking account? ☐ Yes ☒ No

Do you have a savings account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance: _____

☐ Individual ☐ Joint Balance: _____

Bank Name: _____

Bank Name: _____

Account Number: _____

Account Number: _____

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REDACTED

b(6) and (7)(C)

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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—If yes, amount paid during the month:

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month? _____

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:

RECEIVED:

_____ Mail

_____ OC

_____ HC

_____ CC

RETURN TO:

RECEIVED

JUL 20 1998

U.S. PROBATION OFFICE
FEDERAL BUREAU OF INVESTIGATION
OAKLAND

U.S. PROBATION OFFICER
1301 CLAY ST., #2205
OAKLAND, CA 94612

U.S. Probation Officer

Date

3
J/81)

b(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF July, 19 98

Name:

PHILIP C. Gano

Court Name (if different):

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

Street Address, Apt. Number:

Home Phone:

Pager Phone:

Other Phone:

City, State, Zip Code:

Persons Living with you:

Occupancy/Ownership:

Own or Rent? ☒ Own

Did you move during the month? ☐ Yes ☒ No

Mailing Address (if different):

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? ☐ Yes ☒ No

How many days of work did you miss? None Why?

Position Held:

Gross Income:

Normal Work Hours:

Did you change jobs? ☐ Yes ☒ No
Were you terminated? ☐ Yes ☒ 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:

Year/make/model:

Color:

2. Year/make/model:

Color:

Tag Number:

Owner:

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment
(Attach proof of earnings)

Other Income:

TOTAL MONTHLY INCOME

TOTAL MONTHLY EXPENSES

Do you have a checking account? ☐ Yes ☒ No

☐ Individual

☐ Joint

Balance:

Bank Name:

Account Number:

Past Due Debts:

Amount Past Due:

Do you have a savings account? ☐ Yes ☒ No

☐ Individual

☐ Joint

Balance:

Bank Name:

Account Number:

List all purchases of individual goods or services for which you paid \$500 or more:

Date

Amount

Method of Payment

Description of Item

REDACTED

b(6) and (7)(C)

PART 5 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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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 If yes, amount paid during the month:

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month? _____

Did you fail to respond to phone recorder instructions?

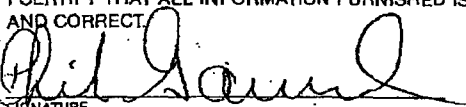
☐ Yes ☒ No

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: _____

RECEIVED: _____

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

U.S. PROBATION OFFICER
1301 CLAY ST., #2205
OAKLAND, CA 94612

U.S. Probation Officer

Date

b(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF August, 19 98

Name: <u>PHILLIP Garrison</u>	Court Name (if different): <u>Same</u>
PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement)	
Street Address and Number: _____	Home Phone: _____ Pager Phone: _____ Other Phone: _____

City, State, Zip Code: _____	Persons Living with you: <u>mom - Nancy - wife</u>
Complex/Subdivision: _____ Own or Rent? <input checked="" type="checkbox"/> Own <input type="checkbox"/> Rent	Did you move during the month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Mailing Address (if different): _____	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: <u>Self-Em.</u>	Is your employer aware of your criminal status? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
_____	How many days of work did you miss? <u>0</u> Why? _____	
_____	Position Held: _____ Gross Income: _____ Normal Work Hours: _____	
Did you change jobs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Were you terminated? <input type="checkbox"/> Yes <input checked="" 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: <u>86 Dodge Van</u>	Color: <u>Gray</u>	Tag Number: _____	Owner: <u>Nancy</u>
2. Year/make/model: _____	Color: _____	Tag Number: _____	Owner: _____

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings)	Past Due Debts:	Amount Past Due:
Other Income:		
TOTAL MONTHLY INCOME <u>0</u>		
TOTAL MONTHLY EXPENSES _____		
Do you have a checking account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do you have a savings account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance: _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance: _____	
Bank Name: _____	Bank Name: _____	
Account Number: _____	Account Number: _____	

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item

b(6) and (7)(C)

REDACTED

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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—If yes, amount paid during the month:

Special assessment: _____ Restitution: _____ Fine: _____

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?

If yes, did you miss any sessions during this month? _____

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 9/3/98

REMARKS:

RECEIVED

SEP 14 1998

U. S. PROBATION OFFICE
NORTHERN DIST. CALIF.
OAKLAND

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO: _____

U.S. PROBATION OFFICER
1301 CLAY ST., #220S
OAKLAND, CA 94612

U.S. Probation Officer

Date 9/21/98

b(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE

MONTHLY SUPERVISION REPORT FOR THE MONTH OF SEPT, 19 98

Name: Phillip Garza Court Name (if different):

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

Street Address Apt Number: 1 Home Phone: Pager Phone: Other Phone:

City, State, Zip Code: Persons Living with you: Mother Man-wife

Complex/Subdivision: Own or Rent? Did you move during the month? ☐ Yes ☒ No

Mailing Address (if different): 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: Self-Emp.

Is your employer aware of your criminal status? ☒ Yes ☐ No

How many days of work did you miss? 0 Why?

Position Held: Gross Income: Normal Work Hours:

Did you change jobs? ☐ Yes ☒ No Were you terminated? ☐ Yes ☒ 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: 86 Dodge Van Color: Gray Tag Number: 1ANCY

2. Year/make/model: Color: Tag Number: Owner:

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment
(Attach proof of earnings)

Other Income:

TOTAL MONTHLY INCOME 0

TOTAL MONTHLY EXPENSES

Do you have a checking account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance:

Bank Name:

Account Number:

Past Due Debts: Amount Past Due:

Do you have a savings account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance:

Bank Name:

Account Number:

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item

REDACTED

n(6) and (7)(C)

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Was anyone in your household arrested or questioned by law enforcement?

☐ Yes ☒ No

If yes, whom? _____

Reason: _____

Disposition: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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—If yes, amount paid during the month:

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month? _____

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:

RECEIVED:

RECEIVED

OCT 19 1998

U. S. PROBATION OFFICE
NORTHERN DIST. CALIF.
OAKLAND

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

U.S. PROBATION OFFICER
1301 CLAY ST., #220S
OAKLAND, CA 94612

U.S. Probation Officer

10/26/98
Date

b(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF

Oct, 19 98

Name: <u>Phillip Garza</u>	Court Name (if different):
----------------------------	----------------------------

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

Street Address Apt Number:	Home Phone:	Other Phone:
----------------------------	-------------	--------------

Persons Living with you:

Complex/Subdivision:	Own or Rent? <input checked="" type="checkbox"/> Rent	Did you move during the month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
----------------------	---	--

Mailing Address (if different):	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------------	-------------------------------	---

How many days of work did you miss? Why?

Position Held: Gross Income: Normal Work Hours:

Did you change jobs? <input type="checkbox"/> Yes <input checked="" 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: <u>8 DODGE VAN GREY</u>	Color: <u>GREY</u>	Tag Number:	Owner: <u>Nancy</u>
2. Year/make/model:	Color:	Tag Number:	Owner:

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment
(Attach proof of earnings)

Other Income:

TOTAL MONTHLY INCOME

TOTAL MONTHLY EXPENSES

Do you have a checking account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance:

Bank Name:

Account Number:

Past Due Debts:

RECEIVED Amount Past Due:

NOV 16 1998

U.S. PROBATION OFFICE
NORTHERN DIST. CALIF.
OAKLAND

Do you have a savings account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance:

Bank Name:

Account Number:

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item

REDACTED

b(6) and (7)(C)

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Was anyone in your household arrested or questioned by law enforcement?

☐ Yes ☒ No

If yes, whom? _____

Reason: _____

Disposition: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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

If yes, amount paid during the month:

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month? _____

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:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

U.S. PROBATION OFFICER
1301 CLAY ST., #220S
OAKLAND, CA 94612

U.S. Probation Officer

Date

b(6) and (7)(C) U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF

REDACTED

Nov, 19 *98*

Name: *Phillip Garrido* Court Name (if different): *Same*

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

Home Phone: _____ Pager Phone: _____ Other Phone: _____

City State Zip Code: _____

Persons Living with you: _____

Complex/Subdivision: _____

Own or Rent? ☒ Own ☐ Rent

Did you move during the month? ☐ Yes ☒ No

Mailing Address (if different): _____

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? ☒ Yes ☐ No

How many days of work did you miss? *0* Why? _____

Self-Employed

Position Held: _____

Gross Income: _____

Normal Work Hours: _____

Did you change jobs? ☐ Yes ☒ No
Were you terminated? ☐ Yes ☒ No

If changed jobs or terminated, date when and why: _____

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

1. Year/make/model: _____

Color: _____

Tag Number: _____

Owner: _____

2. Year/make/model: _____

Color: _____

Tag Number: _____

Owner: _____

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment
(Attach proof of earnings)

Other Income: _____

TOTAL MONTHLY INCOME _____

TOTAL MONTHLY EXPENSES _____

Do you have a checking account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance: _____

Bank Name: _____

Account Number: _____

Past Due Debts: _____

Amount Past Due: _____

Do you have a savings account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance: _____

Bank Name: _____

Account Number: _____

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item

REDACTED

b(6) and (7)(C)

COMPLIANCE WITH CONDITIONS OF SUPERVISION DURING THE PAST MONTH	
Were you questioned by any law enforcement officers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were you arrested or named as a defendant in any criminal case? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, date: _____	If yes, when & where? _____
Agency: _____	Charges: _____
Reason: _____	Disposition: _____

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

Were any pending charges disposed of during the month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was anyone in your household arrested or questioned by law enforcement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, date: _____	If yes, whom? _____
Court: _____	Reason: _____
Disposition: _____	Disposition: _____
Did you have any contact with anyone having a criminal record? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Did you possess or have access to a firearm? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, whom? _____	If yes, why? _____
Did you possess or use any illegal drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Did you travel outside the district without permission? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, type of drug: _____	If yes, when and where? _____

Do you have a special assessment, restitution or fine? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, amount paid during the month: _____
Special assessment: _____	Restitution: _____
	Fine: _____

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do you have drug, alcohol or mental health aftercare? If yes, did you miss any sessions during this month? _____
Number of hours completed this month: _____	Did you fail to respond to phone recorder instructions? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of hours missed: _____	If yes, why? _____
Balance of hours remaining: _____	

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: Philly Davis DATE: 12/10/08

REMARKS:

RECEIVED:

_____ Mail _____ OC
_____ HC _____ CC

RETURN TO:

U.S. PROBATION OFFICER
1301 CLAY ST., #220S
OAKLAND, CA 94612

U.S. Probation Officer

12/25/08
U

b(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF Dec, 19 98

Name: PHILLIP GARRIDO Court Name (if different):

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

Street Address Apt Number Home Phone: Pager Phone: Other Phone:

City, State, Zip Code:

Persons Living with you:

Complex/Subdivision: Apt of Rent?

Did you move during the month? ☐ Yes ☒ No

Mailing Address (if different):

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? ☒ Yes ☐ No

How many days of work did you miss? 20 Why?

Position Held:

Gross Income:

Normal Work Hours:

Did you change jobs? ☐ Yes ☒ No
Were you terminated? ☐ Yes ☒ 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:

Tag Number:

Owner:

2. Year/make/model:

Color:

Tag Number:

Owner:

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment
(Attach proof of earnings)

Other Income:

TOTAL MONTHLY INCOME

TOTAL MONTHLY EXPENSES

Do you have a checking account? ☐ Yes ☒ No

☐ Individual

☐ Joint

Balance:

Bank Name:

Account Number:

Past Due Debts:

Amount Past Due:

JAN 12

U.S. PROBATION

OFFICE

GAIA

Do you have a savings account? ☐ Yes ☒ No

☐ Individual

☐ Joint

Balance:

Bank Name:

Account Number:

List all purchases of individual goods or services for which you paid \$500 or more:

Date

Amount

Method of Payment

Description of Item

b(6) and (7)(C)

REDACTED

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

Were you questioned by any law enforcement officers?

If yes, date: _____

Agency: _____

Reason: _____

(b)(6)/(b)(7)(C)
(B)(6)/(B)(7)(C)
(B)(6)/(B)(7)(C)

Were you arrested or named as a defendant in any criminal case?

☐ Yes ☒ No

If yes, when & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did 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

If yes, amount paid during the month:

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month? _____

Did you fail to respond to phone recorder instructions?

☐ Yes ☒ No

If yes, why? _____

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(18 U.S.C. § 1001)

I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT.

SIGNATURE _____

1/5/99
DATE

REMARKS: _____

RECEIVED:

_____ Mail _____ OC
_____ HC _____ CC

RETURN TO:

U.S. PROBATION OFFICER
1301 CLAY ST., #220S
OAKLAND, CA 94612

U.S. Probation Officer

Date

1/13/99

b(6) and (7)(C)

U.S. PROBATION OFFICE

MONTHLY SUPERVISION REPORT FOR THE MONTH OF

REDACTED

Jan, 19 99.

Name: PHILLIP C. GARRIDO Court Name (if different): _____

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

Street Address, Apt. Number: _____ Home Phone: _____ Other Phone: _____

City, State, Zip Code: _____ Persons Living with you: _____

Complex/Subdivision: _____ Own or Rent? Own Did you move during the month? ☐ Yes ☒ No

Mailing Address (if different): _____ 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: SELF

Is your employer aware of your criminal status? ☒ Yes ☐ No

How many days of work did you miss? 0 Why? _____

Position Held: _____ Gross Income: _____ Normal Work Hours: _____

Did you change jobs? ☐ Yes ☒ 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: DODGE VAN Color: GRAY Tag Number: _____ Owner: NANCY GARRIDO

2. Year/make/model: _____ Color: _____ Tag Number: _____ Owner: _____

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings) _____

Past Due Debts: _____ Amount Past Due: _____

Other Income: _____

TOTAL MONTHLY INCOME _____

TOTAL MONTHLY EXPENSES _____

Do you have a checking account? ☐ Yes ☒ No

Do you have a savings account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance: _____

☐ Individual ☐ Joint Balance: _____

Bank Name: _____

Bank Name: _____

Account Number: _____

Account Number: _____

List all purchases of individual goods or services for which you paid \$500 or more:

Date Amount Method of Payment Description of Item

RECEIVED

U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

REDACTED

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

Were you questioned by any law enforcement officers?

☐ Yes ☒ No

If yes, date: _____

b(6) and (7)(C)

Reason: _____

Were you arrested or named as a defendant in any criminal case?

☐ Yes ☒ No

If yes, when & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Was anyone in your household arrested or questioned by law enforcement?

☐ Yes ☒ No

If yes, whom? _____

Reason: _____

Disposition: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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—If yes, amount paid during the month: _____

Special assessment: _____

Restitution: _____

Fine: _____

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?

If yes, did you miss any sessions during this month? _____

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: _____

RECEIVED:

_____ Mail

_____ OC

_____ HC

_____ CC

RETURN TO:

U.S. PROBATION OFFICER
1301 CLAY ST., #220S
OAKLAND, CA 94612

U.S. Probation Officer

Date

2/17/99

b(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF Feb, 19 99

Name: Phillip Garrido Court Name (if different): _____

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

Street Address, Apt. Number: _____ Home Phone: _____ Other Phone: _____

Complex/Subdivision: _____ Own or Rent? ☒ Own ☐ Rent

Mailing Address (if different): _____ If yes, date moved: _____ Reason for Moving: _____

Persons Living with you:

Wife
Did you move during the month? ☐ Yes ☒ No

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? ☐ Yes ☒ No

How many days of work did you miss? 0 Why? _____

Position Held: _____ Gross Income: _____ Normal Work Hours: _____

Did you change jobs? ☐ Yes ☒ No
Were you terminated? ☐ Yes ☒ 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: 86 Dodge Van Color: Gray Tag Number: _____

2. Year/make/model: _____ Color: _____ Tag Number: _____ Owner: Lancy

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment (Attach proof of earnings) _____

Other Income: _____

TOTAL MONTHLY INCOME _____

TOTAL MONTHLY EXPENSES _____

Do you have a checking account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance: _____

Bank Name: _____

Account Number: _____

Past Due Debts: _____ Amount Past Due: _____

RECEIVED

MAR 23 1999

U.S. PROBATION OFFICE
NORTHERN DIST. CALIF.
OAKLAND

Do you have a savings account? ☐ Yes ☒ No

☐ Individual ☐ Joint Balance: _____

Bank Name: _____

Account Number: _____

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item

REDACTED

b(6) and (7)(C)

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 & 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: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☒ No

If yes, whom? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Was anyone in your household arrested or questioned by law enforcement?

☐ Yes ☒ No

If yes, whom? _____

Reason: _____

Disposition: _____

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

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—If yes, amount paid during the month:

Special assessment: _____ Restitution: _____ Fine: _____

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?

If yes, did you miss any sessions during this month?

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:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

U.S. PROBATION OFFICER
1301 CLAY ST., #220S
OAKLAND, CA 94612

U.S. Probation Officer

Date

3/29/00

Document No. 23:
Prehearing Assessment

REDACTED

PRE-HEARING ASSESSMENT

(B(6))/(B(7)(c))

(b)(5)

INSTITUTION: USP Lompoc

NAME: GARRIDO, Phillip Craig

REG. NO.: 36377-136

DATE OF BIRTH: 04-05-51

MONTHS IN CUSTODY: ^ AS OF: ^

SENTENCES LENGTH/TYPE: 50 yrs. PAROLE ELIGIBILITY DATE: 4-10-87

Reg. Adult

[X 2/3RDS] [STAT.MR] DATE: 4-10-2007

DETAINER: [NO] [X YES]

FINES/RESTITUTION: [X NO] [YES]

REVIEWER: Stoops (imf 10-23-87) DATE: 10-22-87

I. PRESENT OFFENSE:

(a) Subject was convicted by trial of Kidnapping.

(b) The file material indicates that on November 22, 1976, subject did transport the victim, Katheryn Callaway, from South Lake Tahoe, California to Reno, Nevada. While the file material does not specifically reflect this, it would appear that he also subsequently raped the victim, in that he was also convicted of forcible rape in Reno, Nevada, which is being served concurrent with the Federal sentence.

(c) The offense behavior is rated as Category Seven because it involved Kidnapping and Rape.

II. SALIENT FACTOR SCORE:

A = [REDACTED]

B = [REDACTED]

C = [REDACTED] years old at the commencement of the instant offense and does not have five or more prior commitments.

D = [1] Subject was last released from a countable offense 3 or more years prior to the instant offense. [REDACTED]

E = [1] Subject is not a probation/parole/confinement/escape status violator.

F = [1] Subject does not have a history of opiate dependence [REDACTED]

[REDACTED] = TOTAL SCORE

REDACTED

(B(6))/(B(7))(c)

III. The guideline range is [REDACTED] months.

IV. OTHER SIGNIFICANT PRIOR RECORD/STABILITY FACTORS:

It should be noted that subject was also convicted of forcible rape in March 1977 and received a light sentence in the state of Nevada. This was for the same offense behavior for which he received the Federal offense of kidnapping. It is also noted that he was charged [REDACTED]

[REDACTED] There is no information pertaining to this nor is there any information that would reflect whether he was ever convicted. Subject, at the time of the instant offense, was apparently [REDACTED]

V. CODEFENDANTS:

None.

VI. FORM USA-792, AO-235, AO-337:

None.

Institutional Adjustment:

There is no current progress report, but it is noted [REDACTED]

VII. PAROLE ON THE RECORD:

No.

REDACTED

(B(6))/(B(7)(c) (b)(5)

VIII. EVALUATION:

This reviewer notes that subject has, at the time of this dictation, served 126 months, which is 10 months above the appropriate guidelines. This reviewer, however, sees the instant offense as extremely serious.

[REDACTED] in [REDACTED] The instant offense involved rape in which subject apparently kidnapped the victim in South Lake Tahoe and traveled with her to Reno, Nevada, where he apparently subsequently raped her. [REDACTED]

[REDACTED] As a result, this reviewer does feel he should be scheduled for an in-person hearing.

IX. PANEL RECOMMENDATION (Tentative):

Schedule for an in-person hearing.

Document No. 24:
Initial Parole Hearing Summary

REDACTED

(B(6))/(B(7)(c))

INITIAL HEARING SUMMARY

Cassette No. _____

Name: GARRIDO, Phillip Craig Severity Category: seven SFS: [REDACTED]
Reg. No.: 36377-136 Guideline Range: [REDACTED]
Institution: USP Lompoc Recommended release: 1-21-88
Hearing Date: 11-5-87 after service of 134 months.
Hearing Panel: [REDACTED]

1. The panel has discussed the prisoner's severity rating, salient factor score, and guidelines with the prisoner. The prisoner admits the description of the offense behavior, salient factor score items, and/or guideline range.

Subject states that the victim in the instant offense gave him a ride from a parking lot in Lake Tahoe, California, and once they had reached the destination where subject proposed to exit the car, subject grabbed the victim by the throat, made her change places with him in the car and handcuffed her. Subject states that he then drove the victim from Tahoe to Reno which took approximately one and a half hours and while in Reno he raped her. Subject stated that the entire episode covered a period of about four hours and he was arrested when Reno police drove upon the scene and observed him breaking into a storage area by snapping off a lock. Subject was then taken into custody and received the federal sentence as well as the state sentence of five to life. [REDACTED]

2. Modifications/Additions/Corrections from Prehearing Assessment: None.

3. INSTITUTIONAL FACTORS

(a) Discipline: (covered in pre-review) [REDACTED]

REDACTED

(B(6))/(B(7)(c) (b)(5)

GARRIDO, Phillip Craig

36377-136

Page 2

[REDACTED]

(b) Program Achievement: Subject in terms of his work and programming, has had an outstanding institutional adjustment. Subject has worked almost his entire period of confinement in Industries either as a draftsman or involved in quality control. Subject has completed blue print reading, drafting courses within the institution, obtained his GED and he has been very active in various institutional organizations. [REDACTED]

[REDACTED]

4. FINES/RESTITUTION

Not applicable.

5. RELEASE PLANS

Subject has a detainer filed against him by the State of Nevada for the service of a five to life sentence and subject states that he heard from the State of Nevada about two years ago that he had been denied parole but he does not know his current status. It is anticipated that Nevada will exercise its detainer if subject is released at this time from federal custody. Once subject has satisfied his state and federal sentences, he would like to reside in Antioch, California, with his wife and it is noted that his mother resides in the same area. Subject has developed skills in the area of blueprint reading, quality control, and other areas that should assist him in securing employment. Subject has been in continuous custody now 131 months both state and federal and this panel believes that if subject is not picked up by state authorities and is released, he should have the special CTC condition imposed to help him make the transition from the institution to the community.

[REDACTED]

6. REPRESENTATIVE

Subject had three representatives. The first representative was subject's wife, Nancy Garrido, wife, of Antioch, California. It is quite evident that subject's wife is very supportive of him and is anxious to have him released. She described situations that she observed in the visiting room whereby visitors were introducing drugs into the institution, however, her husband has never asked her to do such a thing.

The next representative was subject's mother, [REDACTED] of Antioch, California. [REDACTED]

[REDACTED]

[REDACTED] It is quite obvious that his mother is very supportive of him as well as his wife.

REDACTED

(B)(6)/(B)(7)(c) (b)(5)

GARRIDO, Phillip Craig

36377-136

Page 3

The third representative was [REDACTED] Unit Manager; USP Lompoc. [REDACTED] described subject's institutional adjustment, both at Leavenworth and Lompoc, but indicates he has only known him since being at Lompoc and he spoke very highly of subject. He believes that subject has accomplished everything that he possibly could within the institution and he believes subject is now ready to return to the community. [REDACTED] has such confidence that he would not object to subject residing next door to him as a neighbor in the community.

7. EVALUATION

The applicable guideline range is [REDACTED] months.

Subject was a 25-year-old offender with [REDACTED] when he kidnapped a victim in the instant offense and drove her from Lake Tahoe, California to Reno, Nevada, where he raped her. Subject was tried and convicted in both state and federal courts, receiving a life sentence with the federal and a five to life with the state. Subject has now served 131 months on guidelines of [REDACTED] months. [REDACTED]

This Examiner Panel notes that subject is serving a term of more than 45 years and qualifies for designation as original jurisdiction based on length of sentence. This panel does not view subject as being an original jurisdiction other than the term he is serving. [REDACTED]

8. PANEL RECOMMENDATION

1. Refer to the Regional Commissioner for original jurisdiction consideration.

2. Parole effective after the service of 134 months, January 20, 1988, to the actual physical custody of detaining authorities; if detainer is not exercised, parole effective February 20, 1988, to the community with [REDACTED] the special CTC condition and [REDACTED]

Document No. 25:
Parole Guideline Worksheet

U.S. Department of Justice
U.S. Parole Commission

REDACTED

Preliminary Assessment/Parole-Reparole Guideline Worksheet

Institution USP Lompoc

Name: Harriado, Phillip Craig Reg. No. 34377-136 Hearing Date: 11/5/87

Reasons: (Circle and complete each applicable reason)

1. Your (offense) (~~parole violation~~) behavior has been rated as Category ~~three~~ severity because it involved kidnapping and rape

Your salient factor score (SFS-81) is ~~131~~ (See below). You have been in (~~federal~~) (~~state~~) (state and federal) confinement as a result of your behavior for a total of 131 months. Guidelines established by the Commission indicate a range of ~~12-16~~ months to be served for cases with good institutional adjustment and program achievement.

2. Also, you (~~failed to appear~~) (~~escaped or attempted to escape~~) (~~from~~) (~~secure~~) (~~non-secure~~) (~~custody~~) (~~with voluntary return in 6 days or less~~) which requires (≤ 6) (6-12) (8-16) months to be added to your original guideline range.

4. Your aggregate guideline range is ~~12-16~~ months to be served. 11/76

SALIENT FACTORS

A. PRIOR CONVICTIONS/ADJUDICATIONS (ADULT OR JUVENILE)

None = 3; One = 2; Two or three = 1; Four or more = 0

B. PRIOR COMMITMENT(S) OF MORE THAN THIRTY DAYS (ADULT OR JUVENILE)

None = 2; One or two = 1; Three or more = 0

C. AGE AT CURRENT OFFENSE/PRIOR COMMITMENTS

Age at commencement of current offense:

26 years of age or more = 2***; 20-25 years of age = 1***; 19 years of age or less = 0

***EXCEPTION: If five or more prior commitments of more than thirty days (adult or juvenile), place an "x" here _____ and score this item = 0

D. RECENT COMMITMENT FREE PERIOD (THREE YEARS) 11/5/72

No prior commitment of more than thirty days (adult or juvenile) or released to the community from last such commitment at least three years prior to the commencement of the current offense = 1; Otherwise = 0

E. PROBATION/PAROLE/CONFINEMENT/ESCAPE STATUS VIOLATOR THIS TIME

Neither on probation, parole, confinement, or escape status at the time of the current offense; nor committed as a probation, parole, confinement, or escape status violator this time = 1; Otherwise = 0

F. HEROIN/OPIATE DEPENDENCE

No history of heroin/opiate dependence = 1; Otherwise = 0

TOTAL SCORE

On the basis of available documents concerning your case, the Commission has prepared a preliminary guideline assessment for your review prior to your in-person hearing. The final guideline determination in your case will be made after your in-person hearing. At the time of your hearing, you may present to the examiner panel documentary information concerning the evaluation of your case, which you believe may affect your guidelines.

REDACTED

5. After review of all relevant factors and information presented,

(a) A decision outside the guidelines at this consideration not found warranted.

(B(6))/(B(7)(c))

(b) A decision [REDACTED] the guidelines appears warranted because:

- ☐ Your offense behavior involved the following (*aggravating*) (*mitigating*) factors:
- ☐ You are a (*poorer*) (*better*) risk than indicated by your salient factor score in that:
- ☐ You are a more serious risk than indicated by your salient factor score in that:
- ☐ You have a record of (*institutional misconduct*) (*superior institutional program achievement*), specifically:

Note: When using more than one reason in 4(b), number each and draw a line from the colon to each applicable continuation.

6. A decision above the guidelines is mandated in that you have a minimum sentence which exceeds the guideline range.

7. Other _____

8. The above decision includes a _____ month credit for superior program achievement; specifically: _____

9. A decision more than 48 months above the minimum guideline range is warranted because _____

Note: For Category Eight, no upper limits are specified due to the extreme variability of the cases within this category. For decisions exceeding the lower limit of the applicable guideline category BY MORE THAN 48 MONTHS, the pertinent aggravating case factors considered are to be specified in the reasons given (e.g., *that a homicide was premeditated or committed during the course of another felony; or that extreme cruelty or brutality was demonstrated*).

10. As required by law, you have also been scheduled for a statutory interim hearing (during N/A)
(during the docket immediately preceding completion of the minimum term).

Revocation hearing checklist (TYPIST DO NOT TYPE)

- ☐ Has received notice of hearing
- ☐ Has completed Forms CJA-22 and I-16 (F-2)
- ☐ Advised of right to Counsel (*retained or court-appointed*)
- ☐ Advised of right to have voluntary witnesses
- ☐ Has had sufficient time to prepare case and/or confer with attorney
- ☐ Advised of right to cross-examine adverse witnesses (*mention only if adverse witnesses are present*)
- ☐ Advised of informal, non-adversary nature of hearing
- ☐ Advised will receive recommendation today and final decision in 21 days, except in emergencies
- ☐ Advised of right to appeal
- ☐ Has received a copy of Form H-20 (*warrant application*), including supplements
- ☐ Advised of right to present explanation of charges, after admitting or denying same

Document No. 26:
Letter from the Offender to USPC

REDACTED

(B(6))/(B(7))(C)

DEC 29 1 12 PM '87

Dear Sir

COMMISSION
SAN FRANCISCO REGION

Please send A copy of my Parole hearing
Tape of Nov 5, 1987. I would like to TAKE IT
To The state hearing.

Thank you

Phillip Garrido 36377-136
3901, Klien Blvd. (L-unit)
Lompoc, Calif
93436

Phillip Garrido



Case manager

PAROLE OFFICER/AUTHORIZED BY
ACT OF JULY 7, 1955 TO ADMINISTER
OATHS (18 USC-4004)

Document No. 27:
Letter from USPC to the Offender



NF/NCC

1/8
U.S. Department of Justice
United States Parole Commission

REDACTED

(B(6))/(B(7)(c))

1301 Shoreway Road, Fourth Floor
Belmont, California 94002

December 29, 1987

Phillip Garrido

Reg. No. 36377-136

USP Lompoc

3901 Klein Blvd. L-Unit

Lompoc, CA 93436

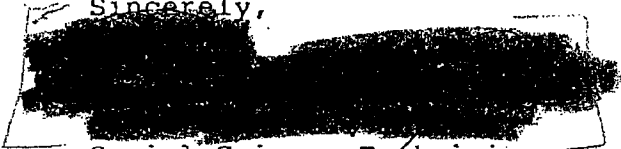
Re: Response to Disclosure Request(s)
Received December 28, 1987

Dear Mr. Garrido :

(This is in response to your above-referenced request for material contained in Parole Commission records. The terms of your request cover a copy of the tape of the parole hearing(s) held on November 5, 1987

A copy of the tape recording(s) of the requested hearing(s) is enclosed. Your request was processed under 28 C.F.R. Section 2.56.

Sincerely,


Social Science Technician

Enclosure(s) (1 tape(s))

Document No. 28:

Letter from U.S. Probation Office Reno, NV to
U.S. Probation Office Oakland, CA

REDACTED

(B(6))/(B(7)(C))

UNITED STATES DISTRICT COURT
DISTRICT OF NEVADA
PROBATION OFFICE

FILE

350 SO. CENTER ST.
SUITE 401
RENO, NEVADA 89501
702-784-5208

CHIEF PROBATION OFFICER
SUITE 500, PHOENIX BUILDING
330 SOUTH THIRD STREET
LAS VEGAS, NEVADA 89101-6032
702-388-6428
FTS 598-6428

August 23, 1988

REPLY TO Reno Office

Mrs. [REDACTED]
Chief U. S. Probation Officer
Post Office Box 719
Oakland, California 94604

Attention: [REDACTED]
U. S. Probation Officer

RE: GARRIDO, Phillip Craig
REG. NO.: 36377-136

PRETRANSFER REQUEST

Dear Mrs. [REDACTED]

Pursuant to our telephone conversation of this date, we are requesting that you investigate the above-named parolee relative to a transfer of supervision to your district. As you are aware, Mr. Garrido is being paroled from the Nevada State Prison directly to your district to be [REDACTED]

We have been in telephonic contact with [REDACTED] of the United States Parole Commission and have informed her of your tentative approval of Mr. Garrido's release plans. It is still unclear as to whether or not Mr. Garrido will be required to reside in a halfway house and we have asked [REDACTED] to clarify this issue directly with your office.

By way of background in this case, Mr. Garrido was sentenced to 50 years custody of the Attorney General in this district on March 11, 1977, after being convicted of violation of Title 18, United States Code, Section 1201(a)(1) - Kidnapping. In January of this year, Mr. Garrido was paroled from Lompoc to a Nevada State hold and he is now ready to be paroled from state custody.

SANITIZATION REGION

1988 AUG 23 10 13 AM '88

REDACTED

(B(6))/(B(7))(c)

Mrs. [REDACTED]
August 23, 1988
Page Two

To aid you in your investigation, we are enclosing a copy of the Nevada Judgment and Commitment Order and a copy of the presentence report in this matter. We wish to thank you for your excellent cooperation in this case and if any further information is needed, please do not hesitate to contact the undersigned at [REDACTED].

Sincerely,

[REDACTED]
U. S. Probation Officer

[REDACTED]
U. S. Probation Officer

[REDACTED]
Enclosures

cc: [REDACTED]
United States Parole Commission

Document No. 29:

Letter from U.S. Probation Officer to USPC

1
REDACTED

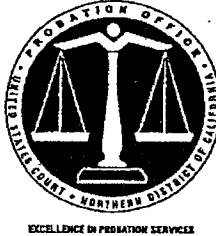
(B(6))/(B(7)(c))

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
PROBATION OFFICE

[REDACTED]
CHIEF PROBATION OFFICER

U.S. COURT HOUSE
450 GOLDEN GATE AVENUE
SUITE #18400
POST OFFICE BOX 36057
SAN FRANCISCO, CA 94102-3487

TEL: 415-556-0200
FAX: 415-556-5351



93 MAR 17

PLEASE REPLY TO:

1330 BROADWAY
SUITE #400
OAKLAND, CA 94612-2504

TEL: 510-273-7101
FAX: 510-273-6350

RECEIVED
COMM. DIST. CLERK
DALLAS REGION

March 15, 1993

Commissioner
U. S. Parole Commission
525 Griffin Street, Suite 820
Dallas, TX 75202-5097

RE: GARRIDO, Phillip
Reg. No. 36377-136
WARRANT REQUEST

Sir:

The above parolee has been under the supervision of this office since his release from federal custody on December 16, 1988. He has an expiration date of 2027.

It is alleged that the parolee violated parole conditions as follows:

Charge 1. [REDACTED]

Charge 2. [REDACTED]

REDACTED

(B(6))/(B(7)(c))

Commissioner
U. S. Parole Commission
March 15, 1993
Page 2

RE: GARRIDO, Phillip

Charge 3. [REDACTED]

Charge 4. [REDACTED]

Charge 5. [REDACTED]

The crime for which the parolee was sentenced was extremely violent [REDACTED]

It is recommended that a parole warrant be issued as soon as possible.

Sincerely,

[REDACTED]
Probation Officer

[REDACTED]
REVIEWED AND APPROVED BY:

[REDACTED]
Supervising U. S. Probation Officer

Document No. 30:

Memo from USPC analyst to USPC Commissioner

REDACTED

(B(6))/(B(7)(C)

(b)(5)

M E M O

TO: VICTOR M. F. REYES
Commissioner

FROM: [REDACTED]
Case Analyst

NAME: GARRIDO, PHILLIP

DATE: 03-17-93

REG. NO. 36377-136

ANALYST
RECOMMENDATION: ASSUME CUSTODY WARRANT

SUMMARY: A SERVING A 50 YR TERM FOR KIDNAPPING. A CAT. 7 OFFENSE
W/ SFS OF [REDACTED] SPECIFICALLY, A TRANSPORTED FEMALE VICTIM FROM SO
LAKE TAHOE, CALIF TO RENO, NEVADA. ALTHOUGH FILE DOES NOT
SPECIFICALLY STATE, IT APPEARS A Raped VICTIM. A WAS CONVICTED OF
FORCIBLE RAPE IN RENO, NV & STATE TERM WAS CONC. TO FED. TERM.
A HAS PRIOR CONVICTIONS OF [REDACTED]
[REDACTED] A PAROLED 01-20-88 W/ FTD
04-10-2027: [REDACTED]
[REDACTED]
[REDACTED]
PO REQUESTING WARR - [REDACTED] & VIOLENT
IO ADDITIONALLY, [REDACTED]
[REDACTED]
[REDACTED]

☐ AGREE

☐ DISAGREE

☐ DISCUSS

Date _____

Victor M. F. Reyes
COMMISSIONER

Document No. 31:
Warrant and warrant application

✓ REDACTED

(B(6))/(B(7)(c))

** W A R R A N T

U.S. Department of Justice
United States Parole Commission

To Any Federal Officer Authorized To Serve Criminal Process Within The United States:

Whereas, GARRIDO, Phillip Craig Reg. No. 36377-136 was sentenced by the United States District Court for the District of Nevada to serve a sentence of 50 years, 0 months, and 0 days for the crime of Kidnapping and was on the 20th day of January, 1988, released on parole from the USP Lompoc with 14,325 days remaining to be served;

AND, Whereas, reliable information has been presented to the undersigned Member of this Commission that said released prisoner named in this warrant has violated one or more conditions of his release;

NOW, THEREFORE, this is to command you by authority of Sec. 4213, Title 18, U.S.C., to execute this warrant by taking the above-named, wherever found in the United States, and hold him in your custody either until he is released by order of the Parole Commission, or until you are authorized to transport him for further custody.

WITNESS my hand and the seal of this 18th day of March 1993,



U.S. Parole Commissioner

SCRO
Region

Parole Form H-21
APR.83

REDACTED

(B(6))/(B(7)(c))

DEPARTMENT OF JUSTICE
UNITED STATES PAROLE COMMISSION

WARRANT APPLICATION

ISSUING REGION South Central
Case Of GARRIDO, Phillip Craig
Race Cauc.
Sentence Began 03-11-77
Original Offense Kidnapping
Sentence Length/Type 50 years 4205(A) R.A.
District To NV
Violation Date On or about 02-10-93

Birth Date [REDACTED]
District From NV

Date 03-18-93
Reg. No. 36377-136
FBI No. [REDACTED]

Released 01-20-88
Transferred To N/CA
M.R. Parole XX
Termination Date 04-10-2027

You shall, unless you have been convicted of a new offense, be given a preliminary interview by an official designated by a Regional Commissioner to determine if there is probable cause to believe that you have violated the conditions of your release, and if so, whether to release you or hold you for a revocation hearing.

At your preliminary interview and any subsequent revocation hearing you may present documentary evidence and voluntary witnesses on your behalf, and, if you deny the charge(s) against you, you may request the presence of those who have given information upon which the charges are based. Such witnesses will be made available for questioning unless good cause is found for their non-appearance.

You may be represented by an attorney or other representative of your choice, or, if you are unable to pay for counsel, an attorney will be provided by the U.S. District Court if you fill out and promptly return a Form CJA-22 to a U.S. Probation Officer.

If, after a revocation hearing, you are found to have violated the conditions of your release the Commission may: (1) restore you to supervision, and, if appropriate, (a) reprimand you; (b) modify your conditions of supervision; or (c) refer you to a residential community treatment center for the remainder of your sentence; or (2) revoke your parole or mandatory release, in which case the Commission will also decide when to consider you for further release.

If you have been convicted of a new offense (committed while on parole) which is punishable by a term of imprisonment, you will not receive sentence credit for the time you spent on parole. *Exception: for cases heard in the 9th Circuit beginning on October 22, 1990, the Commission will exercise discretion, in accordance with 28 C.F.R. 2.52 (Appendix), prior to ordering the forfeiture of sentence credit for the time spent on parole. If the Commission finds that you absconded or otherwise refused to submit to parole supervision, the Commission may order that you not receive credit toward service of your sentence for that amount of time. (If your original sentence was imposed for violation of the District of Columbia Criminal Code, you will not receive credit for time spent on parole regardless of whether or not you have been convicted of a crime.) "A special parole term violator whose parole is revoked shall receive no credit for time spent on parole."

CHARGES:

#1 [REDACTED]

I ADMIT [] or DENY [] the above charge(s).

50

REDACTED

(B)(6)/(B)(7)(C).

S. DEPARTMENT OF JUSTICE
UNITED STATES PAROLE COMMISSION

WARRANT APPLICATION

ISSUING REGION South Central
Case OF GARRIDO, Phillip Craig
Race Cauc.

Birth Date [REDACTED]

Date 03-18-93
Reg. No. 36377-136
FBI No. [REDACTED]

CHARGES:

#2 [REDACTED]

I ADMIT [] or DENY [] the above charge(s).

PAGE 2 OF 2

Date Warrant Issued 03-18-93
District To Which Sent N/CA

Preliminary Interview Required: YES [X] NO []

() Commission () Inmate () Institution () USPO

Warrant Recommended By:

U.S. Parole Commission [REDACTED]

() Interviewing Officer () Chron

PAROLE FORM H-20
Rev. 6/87



Memorandum **REDACTED**

(B)(6)/(B)(7)(c)

Subject: WARRANT APPLICATION AND WARRANT

Date Warrant Issued:

Case of: GARRIDO, Phillip Craig
Reg. No. 36377-136

March 18, 1993

To: United States Marshal
P.O. Box 36056
San Francisco, CA 94102

From: [REDACTED]
Case Analyst

Enclosed are copies of Warrant Application and Warrant in duplicate, issued by the United States Parole Commission for the above-named parolee. Notify the South Central Regional Office of all developments concerning the disposition of this warrant.

- XX 1. Please assume custody as soon as possible or when located. NOTE: if the parolee is already in the custody of federal or state authorities, do not execute this warrant. Place a detainer and notify the Commission for further instructions. Also, if a criminal arrest warrant has been issued for this parolee, execution of such criminal warrant shall take precedence and the Parole Commission is to be notified before its warrant may be executed.
- ___ 2. The parolee is awaiting trial or sentencing on new charges: place a detainer and assume custody when released.
- ___ 3. If the prisoner is sentenced to a new State term of imprisonment, place the warrant as a detainer and indicate the institution designated for service of sentence.
- ___ 4. If the prisoner is sentenced to a new Federal term of imprisonment, return the warrant unexecuted to the issuing region and indicate which institution has been designated.
- ___ 5. See attached special instructions.

PROBATION OFFICER: Please keep the Commission advised of all further developments in this case.

Copy to USPO [REDACTED]
1330 Broadway, Suite 400
Oakland, CA 94612-2504

PROCEDURE: After execution of the warrant give one copy of Warrant Application to the prisoner; furnish one copy to the U.S. Probation Officer as soon as practical after taking custody; and advise the Regional Office of the Parole Commission which issued the Warrant that subject is in custody. Give the place of confinement, and the date Warrant was executed. When prisoner is returned to the designated institution, leave Warrant Application and one Warrant with Warden. Make your return on the other Warrant to the Regional Commissioner of the region where it was issued.

NOTE: If there has been a conviction of an offense committed while under supervision, no preliminary interview by a Probation Officer will be conducted unless the Commission orders otherwise.

PAROLE FORM H-24
NOV.80

Document No. 55:

U.S. Probation Officer's Supervision Plans and Case Reviews

REDACTED

(B(6))/(B(7)(c))

CLASSIFICATION & INITIAL SUPERVISION PLAN

NAME: Garrido, Phillip

TYPE OF CASE: Parole

OFFICER: [REDACTED]

Period of Supervision 1-20-88

to 4-30-2027

SUPERVISION LEVEL: High

SFS: [REDACTED]

RPS

Override Necessary: n

(Y/N)

SPECIAL CONDITIONS:

W/A Fine \$
W/A Restitution \$
W/A Community Service

Payment Schedule \$ per month.
Payment Schedule \$ per month.
hours Agency:

SUPERVISION PROBLEMS INDICATED:

(List in order of seriousness)

NO = None
DR = Drug Abuse
EM = Employment
AL = Alcohol Abuse

FI = Financial
CA = Criminal Associates
ED = Education
OT = Other (Explain)
PS = Psychiatric
DO = Domestic
MS = Monitoring/Surveillance

SUPERVISION PLAN:

Client Objectives (Number in order of importance)

Compliance with supervision conditions
Abstain from Drugs
Abstain from alcohol
Counseling
Other

Employment
Financial stability
Domestic stability
Educational

Officer Objectives [Check objective(s)]

Surveillance Only ☒ Routine Supervision
☒ Other (Explain)

CONTACTS: (Code - W = Weekly; M = Monthly; Q = Quarterly; R = Random)

W w/Client R w/Family R Office R Employment R Law Enforcement M Services

FINANCIAL: Income verified? ☒ Yes No How? Visit and Pay stub

Expenses verified? Yes ☒ No How?

THIRD PARTY RISK: There is always a third party risk in this case

TRAVEL & ASSOCIATE RESTRICTIONS: No travel is to be allowed to Nevada, The City of The
crime-victim is still in the area.

COMMENTS:

Probation Officer/Date

Supervisor/Date

REDACTED

(B)(6)(B)(7)(C)

CASE REVIEW WORKSHEET

CASE NAME: Phillip Girado
supervision began: 1/20/88

Officer: [REDACTED]

date: 2/10/90

reviewed by: [REDACTED]

ok	comments	terms
<input checked="" type="checkbox"/>	PHOTO	PROBATION:
<input checked="" type="checkbox"/>	FBI flash/prints	Parole: <u>12-16-88 - 4/10/2027</u>
<input checked="" type="checkbox"/>	Form #7/J&C	Sup./Rel.
<input checked="" type="checkbox"/>	Special Instructions	Registration DRUG <u> </u> SEX <u>X</u>
<input checked="" type="checkbox"/>	PSR & Classification Mat.	Classification HI <u>X</u> LO <u> </u> ADM. <u> </u>

OFFENCE: Kidnapping

CONDITION OF SUPERVISION

[] Fine\$ _____ Bal.\$ _____ Mos. remaining _____
[] Restitution...\$ _____ Bal.\$ _____ under supervision _____
[] Vol./Service.Hrs. _____ Bal. _____ AGENCY _____
[] Other _____

VIOLATIONS [REDACTED] Reported to court/parole commission?

ISP complete 8/10/87 date Case summaries current? Present and covers 13 months yes/no parole F-3 DUE 1/90

CASE CONTACTS

contacts w/in stds? yes date of last p/v 1-5-90 date of last h/v 12-1-87

Monthly Reports..current yes Del. _____ Mos.del _____
Chronos current? yes COMMENTS _____

EMPLOYMENT yes with [REDACTED]

Risk Assessment completed? yes Comments Δ could be serious risk to community resulting from conviction and current status Employer fully aware of situation

CASE PROBLEMS None

SERVICE REFERRAL MADE? _____ to: _____

CASE ACTIVITY/TRANSFERS/COMMENTS:

HIGH Activity require a great deal of time and energy, His situation is very closely monitored.

REDACTED

(B(6))/(B(7)(c))

CASE REVIEW

NAME PHILLIP GIRRADO TYPE OF CASE: PAROLE OFFICER: [REDACTED]
(12-16-88) Released from B.C.I.
Period covered 1-20-88 to 1-90 CLASSIFICATION Hi X Lo
(24 months) 13 months
SPECIAL CONDITIONS OF SUPERVISION None ()

Fine.....\$ NA Bal. \$ mos. remaining to collect
Restitution..\$ NA Bal. \$ unpaid balance
Vol./Service hrs. NA Bal. hrs. Agency

Other conditions: RESULTS OVER A TWO YEAR PERIOD.

SUPERVISION CONTACTS

Personal: O/V 7 H/V 6 C/V 8 T/C 10
Collateral: Family 8 Law enforcement 1 Employer 3
Date of last contact 1-5-90 Date of last home visit 12-1-89

SUPERVISION PROBLEMS

*List in order of importance [REDACTED]
Drug Abuse = DR Financial = FI
Alcohol Abuse = AL Education = ED Crim. Assoc. = CA
Employment = EM Vocational = VO Monitor/survel = MS
Domestic = DO Psychiatric = PS Other
New arrest/police contact yes no X when
Dispo. Adjustment problems?
Explain

FINANCIAL STATUS

Employed? YES Agency [REDACTED] Verified YES
Monthly income \$ [REDACTED] No. in household 3
Monthly reports current? yes X no

SUPERVISION PLAN

Have problems during this period been addressed? YES
HOW? CONSTANT OBSERVATION AND COUNSELING
VERY CLOSE SUPERVISION IS MAINTAINED IN THIS CASE.
[REDACTED] AND THE ATTENTION OF
THIS OFFICER IS MADE VERY KNOWN

THIRD PARTY RISK: (Type of offense) CONVICTION OF RECORD IS KID

AND RAPE - THERE IS ALWAYS THE TREAT OF REPEAT. JOB IS IN
AN AREA THAT IS CONDUCTIVE BUT EMPLOYER IS WELL AWARE

TRAVEL/ASSOC. RESTRICTIONS: NONE OTHER THAN TO LAKE TAHOE

CLASSIFICATION THIS PERIOD: HIGH

PROB. OFFICER [REDACTED] DATE 2-7-90 SUSPO [REDACTED] DATE 2/16/90

*Has been
advised
to Register*

REDACTED

(B(6))/(B(7)(c))

CASE REVIEW WORKSHEET

CASE NAME: Garrido, Phillip Officer: [REDACTED] date: 12-5-90
supervision began: 1-20-88 reviewed by: [REDACTED]

ok	comments	terms
<input checked="" type="checkbox"/>	PHOTO	PROBATION:
<input checked="" type="checkbox"/>	FBI flash/prints	Parole: <u>12-16-88 to</u> <u>4-10-2027</u>
<input checked="" type="checkbox"/>	Form #7/J&C	Sup./Rel.
<input checked="" type="checkbox"/>	Special Instructions	Registration DRUG <u>SEX X</u>
<input checked="" type="checkbox"/>	PSR & Classification Mat.	Classification HI <u>X</u> LO <u>ADM.</u>

OFFENSE: Kidnapping

CONDITION OF SUPERVISION

[] Fine\$ _____ Bal.\$ _____ Mos. remaining _____
[] Restitution...\$ _____ Bal.\$ _____ under supervision _____
[] Vol./Service Hrs. _____ Bal. _____ AGENCY _____
[] Other _____

VIOLATIONS _____ Reported to court/parole commission? _____

yes/no

yes/no

CASE ACTIVITY COVERS

ISP complete 8-10-89 Case summaries current? 10 months parole F-3 12/90
date _____ yes/no _____

CASE CONTACTS

contacts w/in state NO date of last p/v 7-10-90 date of last h/v 12-1-87
below STANDARD yes/no _____

Monthly Reports..current NO Del. 2 Mos.del 10 & 11/90

Chronos current? YES COMMENTS _____

EMPLOYMENT YES with [REDACTED]

yes/no

Risk Assessment completed? YES Comments _____

CASE PROBLEMS None

LOCATIONAL _____ MONITORING/SURVEILLANCE _____ ASSOCIATIONS _____ OTHER _____

SERVICE REFERRAL MADE? _____ to: _____

CASE ACTIVITY/TRANSFERS/COMMENTS:

- ① F-3 was due 1-90 Complete immediately
 - ② Despite regular contact w/ counsel p. USPO must have more frequent contact
 - ③ Does door to door sales pose a third party risk??
- Pls Transfer this to [REDACTED] soon

(B)(6)/(B)(7)(c)

()

10

COVER 5 10 MONTHS

[REDACTED]

Other conditions: _____

SUPERVISION CONTACTS

Personal: 0/V 3 H/V 1 C/V 5 T/C 4
Collateral: Family 3 Law enforcement 0 Employer 2
Date of last contact 8-13-90 Date of last home visit 12-1-89

SUPERVISION PROBLEMS

[REDACTED]

Drug Abuse = DR Financial = FI
Alcohol Abuse = AL Education = ED Crim. Assoc. = CA
Employment = EM Vocational = VO Monitor/survel = MS
Domestic = DO Psychiatric = PS Other _____
New arrest/police contact yes _____ no X when _____
Dispo. _____ Adjustment problems? _____

FINANCIAL STATUS

Employed? YES Agency SALES Verified YES
Monthly income \$400 No. in household THREE
Monthly reports current? yes X no

SUPERVISION PLAN

Have problems during this period been addressed? YES
HOW? THROUGH REGULAR COUNSELING SESSIONS AND A CHANGE OF PO'S HAS BEEN DISCUSSED WITH COUNSELLOR.
SUBJ IS NOW DOING WELL AND HE IS COMFORTABLE WITH HIS CURRENT SUPERVISION ARRANGEMENTS.. THE CURRENT ARRANGEMENT WILL BE MAINTAINED

THIRD PARTY RISK: (Type of offense) NONE AS LONG AS
AND COUNSELING REMAINS CONSTANT (RAPE)

TRAVEL/ASSOC. RESTRICTIONS: NONE OTHER THAN TAHOE

CLASSIFICATION THIS PERIOD: LOW. (WITH RESERVATIONS)

PROB. OFFICER _____ DATE 10-4-90 SUSPO _____ DATE 12-5-90

REDACTED

(b)(6)(b)(7)(C)

TRANSFER/SUMMARY CHECKLIST

CASE NAME: Phillip Carrido
CURRENT ADDRESS: [REDACTED]

PROB. OFFICER: [REDACTED]
TELEPHONE: [REDACTED]
CASE NO. CR-
REG. NO. 0036377-136

CASE STATUS

CLASSIFICATION high ☒ low ☐ admin ☐ How often was subj seen? wklly ☐ bi-monthly ☐ monthly ☒ quarterly ☐ other:
MONTHLY REPORTS CURRENT? YES ☐ NO ☒ MONTHS Due: 12/90
CASE SUMMARIES/F-3 current? yes ☒ no ☐ next due:
CHRONOS UP TO DATE? yes ☒ no ☐ FBI # ON FILE? yes ☒ no ☐
CASE PHOTOS (2) yes ☒ no ☐
If ANY case status items delinquent, what action has been taken?
Comment:

CONDITIONS OF PROBATION/PAROLE

FINE ORDERED \$ 0 balance \$
RESTITUTION \$ 0 balance \$
COMMUNITY SERVICE HRS 0 balance of hrs.
agency: verified by:

ACTION BY OFFICER

Is subject in full compliance with all conditions of Probation/Parole? If not, what action has been taken? comment:

Has the Court/Parole Commission been advised? comment:

TRANSFER SUMMARY

[REDACTED] He is working part-time as a salesperson and constantly planning a self-help program that he developed while in prison. Very interesting and stimulating case.

Probation Officer [REDACTED]

SUSP [REDACTED]

1-16-91

1-17-91

(B)(6)/(B)(7)(C)

11

3 mos

None ()

[REDACTED]

Other conditions: _____

SUPERVISION CONTACTS

Personal: O/V____ H/V____ C/V____ T/C____
Collateral: Family____ Law enforcement____ Employer____
Date of last contact____ Date of last home visit____

SUPERVISION PROBLEMS

[REDACTED]

FINANCIAL STATUS

[REDACTED]

SUPERVISION PLAN

GREAT DEAL OF TRUST IN HIS COUNSELLOR. [REDACTED]
[REDACTED] PLAN IS TO CONTINUE SAME MODE OF SUPERVISION [REDACTED] BRING

~~REDACTED~~

TRAVEL/ASSOC. RESTRICTIONS: NO TRAVEL TO TAHOE

High Activity, until
reassessed by newly

[REDACTED]

DATE 1-17-91 Assigned
P.O. [REDACTED]

REDACTED

(B(6))/(B(7)(c))

CASE REVIEW WORKSHEET

CASE NAME: Philip Garido Officer: [REDACTED] date: 8/21/91
supervision began: 1-20-88 reviewed by: [REDACTED]

ok	comments	terms
<input checked="" type="checkbox"/>	PHOTO	PROBATION:
<input checked="" type="checkbox"/>	FBI flash/prints	Parole: <u>12-16-88 + 0</u>
<input checked="" type="checkbox"/>	Form #7/J&C	<u>4-10-2027</u>
<input checked="" type="checkbox"/>	Special Instructions	Sup./Rel.
<input checked="" type="checkbox"/>	PSR & Classification Mat.	Registration DRUG <u> </u> SEX <u>X</u>
		Classification HI <u>X</u> LO <u> </u> ADM. <u> </u>

OFFENCE: Kidnapping

CONDITION OF SUPERVISION

[] Fine\$ _____ Bal.\$ _____ Mos. remaining _____
[] Restitution...\$ _____ Bal.\$ _____ under supervision _____
[] Vol./Service.Hrs. _____ Bal. _____ AGENCY _____

[] Other _____

VIOLATIONS [REDACTED] Reported to court/parole commission? _____

yes/no

yes/no

CASE ACTIVITY

ISP complete 8-10-89 Case summaries current? yes parole F-3 DUE
date _____ yes/no DEC 91

CASE CONTACTS

contacts w/in stds? yes date of last p/v 8/7/91 date of last h/v 8/15/91
yes/no

Monthly Reports...current _____ Del. _____ Mos.del _____
Chronos current? yes COMMENTS _____

EMPLOYMENT yes with Family Business
yes/no

Risk Assessment completed? yes Comments _____

CASE PROBLEMS None

SERVICE REFERRAL MADE? _____ to: _____

CASE ACTIVITY/TRANSFERS/COMMENTS: Doing a good job
with this difficult case -
continue monthly contact + contact
with wife - excellent casework

REDACTED

(B)(6)/(B)(7)(C)

CASE REVIEW

NAME: GARRIDO, PHILLIP TYPE OF CASE: PAR OFFICER: [REDACTED]

Period covered 1/91 to 8/91 CLASSIFICATION Hi X Lo

SPECIAL CONDITIONS OF SUPERVISION None ()

Fine.....\$ Bal. \$ Restitution....\$ Bal. \$
Months remaining to collect unpaid balance
Vol./Service hrs Bal. hrs. Agency

[REDACTED]

SUPERVISION CONTACTS

Personal: 0/V 8 H/V 1 C/V 3 T/C 3
Collateral: Family 7 Law enforcement Employer
Date of last contact 8-7-91 Date of last home visit 5-15-91

SUPERVISION PROBLEMS

*List in order of importance [REDACTED]
Drug Abuse = DR Financial = FI
Alcohol Abuse = AL Education = ED Crim. Assoc. = CA
Employment = EM Vocational = VO Monitor/survel = MS
Domestic = DO Psychiatric = PS Other
New arrest/police contact yes no when
Dispo. Adjustment problems? yes no
Explain

FINANCIAL STATUS

Employed? Yes Agency with mother's business Verified Yes
Monthly income [REDACTED] No. in household 2
Monthly reports current? yes X no

SUPERVISION PLAN

Have problems during this period been addressed?

HOW? Offense very violent. Needs constant close supervision.

THIRD PARTY RISK: (Type of offense) Yes. Subject potential rapist.

TRAVEL/ASSOC. RESTRICTIONS: None

CLASSIFICATION THIS PERIOD: High

USPO [REDACTED] DATE 8/19/91 SUSPO [REDACTED] DATE 8/21/91

REDACTED

(b)(6)/(b)(7)(C)

CASE REVIEW WORKSHEET

CASE NAME: Phillip Gamdo Officer: [REDACTED] date: 3/2/9
supervision began: 1-20-88 reviewed by: [REDACTED]

ok	comments	terms
<input checked="" type="checkbox"/>	PHOTO	PROBATION:
<input checked="" type="checkbox"/>	FBI flash/prints	Parole: <u>2-16-88 to 4-10-2027</u>
<input checked="" type="checkbox"/>	Form #7/J&C	Sup./Rel.
<input checked="" type="checkbox"/>	Special Instructions	Registration DRUG <u> </u> SEX <u>X</u>
<input checked="" type="checkbox"/>	PSR & Classification Mat.	Classification HI <u>X</u> LO <u> </u> ADM. <u> </u>

OFFENCE: Kidnapping / Rape

CONDITION OF SUPERVISION

[] Fine\$ Bal.\$ Mos. remaining
[] Restitution...\$ Bal.\$ under supervision
[] Vol./Service Hrs. Bal. AGENCY

[] Other

VIOLATIONS [REDACTED] Reported to court/parole commission?
yes/no yes/no

CASE ACTIVITY

ISP complete 8-10-89 date Case summaries current? yes parole F-3 was due dec 91
yes/no yes/no

CASE CONTACTS

contacts w/in stds? yes date of last p/v 2-7-92 date of last h/v 12-13-91
yes/no

Monthly Reports..current Del. ✓ Mos.del Jan + Feb '92
Chronos current? yes COMMENTS

EMPLOYMENT No with
yes/no

Risk Assessment completed? yes Comments

CASE PROBLEMS None

SERVICE REFERRAL MADE? to:

CASE ACTIVITY/TRANSFERS/COMMENTS: Employment and [REDACTED]
appear to be
very important issue at this point
Good contact level -

(S)(6)(A)(B)(7)(C)

CASE REVIEW

NAME: GARRIDO, PHILLIP TYPE OF CASE: PAR OFFICER: [REDACTED]

Period covered 8/91 to 2/92 CLASSIFICATION Hi X Lo

SPECIAL CONDITIONS OF SUPERVISION None ()

Fine.....\$_____ Bal. \$_____ Restitution....\$_____ Bal. \$_____
 Months remaining to collect unpaid balance _____
 Vol./Service hrs ._____ Bal. hrs. _____ Agency _____

Other conditions:

SUPERVISION CONTACTS

Personal: O/V 3 H/V 1 C/V 3 T/C 2
Collateral: Family 3 Law enforcement _____ Employer _____
Date of last contact 2-7-92 Date of last home visit 12-13-91

SUPERVISION PROBLEMS

*List in order of importance _____

Drug Abuse = DR Financial = FI _____

Alcohol Abuse = AL Education = ED Crim. Assoc. = CA

Employment = EM Vocational = VO Monitor/survel = MS

Domestic = DO Psychiatric = PS Other _____

New arrest/police contact yes ___ no ___ when _____

Dispo. _____ Adjustment problems? yes ___ no X

Explain _____

FINANCIAL STATUS

Employed? No Agency _____ Verified _____
Monthly income \$ _____ No. in household 2
Monthly reports current? yes _____ no X

SUPERVISION PLAN

Have problems during this period been addressed?

HOW? No serious problems. [REDACTED]
[REDACTED]. Continue close supervision.

THIRD PARTY RISK: (Type of offense)
Yes. Offense is violent rape.

TRAVEL/ASSOC. RESTRICTIONS: Standard.

CLASSIFICATION THIS PERIOD: High

USPO

DATE 3/5/92

SUSPENSE

DATE _____

3/7/92

REDACTED

(B)(6)/(B)(7)(C)

1/7

TR to [REDACTED] 1-17-91

SUPERVISOR'S CASE PLAN REVIEW

*uncertain of exact date due to multiple incarcerations

CASE NAME Garrido, Phillip

OFFICER [REDACTED]

INITIAL OR SUBSEQUENT PLAN

DATE COMPLETED BY OFFICER 3-16-94

CASE TERMINATES 4-10-2027

A. Financial, Service, and Confinement Conditions

1. Are all active conditions properly identified?

☐ NONE

☒ Y ☐ N ☐ N/A

2. Were appropriate activities taken to enforce:

a. Restitution/fines/special assessments?

☐ Y ☐ N ☒ N/A

b. Community service?

☐ Y ☐ N ☒ N/A

c. ☒ Electronic monitoring, CCC/home confinement?

☒ Y ☐ N ☐ N/A

5-10-93 to 9-6-93

B. Risk Control

1. Are all supervision issues properly identified?

☐ NONE RPS 80/SFS done? ☐ Y ☐ N

☒ Y ☐ N

Substantial risk to women

2. Were appropriate activities undertaken to control the offender's level/type of risk?

☒ Y ☐ N

3. Is third-party risk properly addressed?

☒ Y ☐ N

C. Correctional Treatment

1. Are all supervision issues properly identified?

☐ NONE

☒ Y ☐ N

2. Were appropriate activities taken to address:

a. [REDACTED]

b. [REDACTED]

c. Employment/education issues

d. Financial issues

e. Other issues

☐ Y ☐ N ☒ N/A

☐ Y ☐ N ☒ N/A

D. Does semi-annual progress report correctly identify problems and offender's compliance?

☒ Y ☐ N ☐ N/A

E. If a new case, are projected activities appropriate to address supervision issues?

☐ Y ☐ N

last 11-10-93

F. MSR's up to date? ☒ Y ☐ N Chronos up to date?

☒ Y ☐ N

Record check? ☐ Y ☒ N

Conditions signed? ☒ Y ☐ N FBI flash notice?

☒ Y ☐ N

Two photos? ☒ Y ☐ N

Need two current photos

SUSPO's comments/directions:

[REDACTED]

* Only 2 contact in past 8 mos (3-14-94 & 9-10-93), given nature of case, are increased contacts warranted?

* SPSR's and USPC Form 3 delinquent. Last SPSR (review 3/92) Last F-3 1-16-91

REVIEWED AND APPROVED BY: [REDACTED]

Date: 4-11-93

SPRWW FORM Rev. 6/10/93

* NO. to complete F-3 ASAP

REDACTED

(B(6))/(B(7)(C))

** CORRECTIONAL TREATMENT **

Name: Garrido, Phillip Craig

PO: [REDACTED]

SPECIAL CONDITIONS IN EFFECT

[] None

PROBLEM AREAS

[] None

[REDACTED]
- Educat./Vocat. Training
- Mental / Emotional

[REDACTED]
- Physical Health
- Employment
- Financial Budgeting

[REDACTED]
- Basic Subsistence

SUPERVISION ACTIVITIES

FQ-Type

FQ-Type

EDUCATIONAL/VOCATION. TRAINING:
- Referral for Services:

- Contact with Agency: -
- Assistance provided by PO: -

MEDICAL

- Referral for Services:
- Contact with Agency: -

EMPLOYMENT:

- Referral for Services to:

- Contact with Agency: -
- Assistance provided by PO: -

FINANCIAL / BUDGETING:

- Referral for Services to:

- Contact with Agency: -
- Assistance provided by PO: -

FAMILY / MARITAL

- Referral for Services to:

- Contact with Agency: -
- Assistance by PO: -
- Contact with Family: -

BASIC SUBSISTENCE

- Referral-House/Food/Clothing Serv:

- Contact with Agency: -

FREQ: W=Week M=Month Q=Quarter S=Semi-annual TYPE: P=Personal T=Tel D=Document

[] NO Supervision issues identified. Verify eligibility for administrative caseload or early termination.

COMMENTS:

Hopefully subject will cont. on present path. There have been no problems reported since August of 1993. [REDACTED] He went into [REDACTED] Should get job in near future.

[REDACTED] 03/16/94

U.S. Probation Officer

Date

[REDACTED] SUSPO Approval

[REDACTED] 4/11/94
Date

REDACTED

(B(6))/(B(7)(c))

SEMI-ANNUAL STATUS REPORT & REVISED PLAN FROM 07/05/94 TO 01/05/95

Case name: Garrido, Phillip Craig

PART 1 - SUPERVISION ISSUES

SUPERVISION ISSUES IDENTIFIED	A. Issue resolved?	B. If no, plan change needed?
Court Ordered Sanctions EMP <i>Completed 9-6-93</i>	(Y/N) Y	(Y/N)
Risk Control UA	N	N
Correctional Treatment [REDACTED]	N	N

PART 2 - OFFENDER'S COMPLIANCE

Special Assessment Ordered: \$ 0 Balance: 0 On Schedule? (Y/N)
Fine Ordered: \$ 0 Balance: 0 In Default? (Y/N)
Restitution Ordered: \$ 0 Balance: 0 In Default? (Y/N)
Community Service Ordered: 0 Hrs Balance: 0 On Schedule? (Y/N)

Urinalysis: Phase: 0 #Stalls: 0 #Samples Taken: 0 #Positive: 0
Other Technical Violation: N (Y/N) Arrests/Convictions: N (Y/N)
Were all violations reported to Court or Parole Commissions? Y (Y/N)
Source of Income: employment Average Monthly Income: \$ [REDACTED]

Travel Restrictions: none
Special Instructions: none

Comments: Subject has full time job for first time since release. [REDACTED]
[REDACTED] feels subj. has made significant progress and is
testing on random basis at Walnut Creek Office. Wife
employed p/t. Subj cont. to see [REDACTED] weekly and [REDACTED]
[REDACTED] Seems to have stablized significantly over past
year.

[REDACTED]
USPO

7-5-94
Date

[REDACTED]
SUSPO

7-29-94
Date

REDACTED

(B(6))/(B(7))(c)

SUPERVISOR'S CASE PLAN REVIEW

CASE NAME GARRIDO, Phillip OFFICER [REDACTED]
INITIAL OR SUBSEQUENT PLAN DATE COMPLETED BY OFFICER 7-5-94
CASE TERMINATES 4-10-2027

A. Financial, Service, and Confinement Conditions

1. Are all active conditions properly identified?
2. Were appropriate activities taken to enforce:
 - a. Restitution/fines/special assessments?
 - b. Community service?
 - c. Electronic monitoring, CCC/home confinement?

☒ NONE
☐ Y ☐ N ☐ N/A

*Emp completed
9-6-93*

☐ Y ☐ N ☐ N/A

☐ Y ☐ N ☐ N/A

☐ Y ☐ N ☐ N/A

B. Risk Control

1. Are all supervision issues properly identified?
2. Were appropriate activities undertaken to control the offender's level/type of risk?
3. Is third-party risk properly addressed?

☐ NONE RPS 80/SFS done? ☐ Y ☐ N

☒ Y ☐ N

☒ Y ☐ N

☒ Y ☐ N

C. Correctional Treatment

1. Are all supervision issues properly identified?
2. Were appropriate activities taken to address:

c. Employment/education issues

d. Financial issues

e. Other issues

☐ NONE

☒ Y ☐ N

☐ Y ☐ N ☒ N/A

☐ Y ☐ N ☒ N/A

☐ Y ☐ N ☒ N/A

D. Does semi-annual progress report correctly identify problems and offender's compliance?

☒ Y ☐ N ☐ N/A

E. If a new case, are projected activities appropriate to address supervision issues?

☐ Y ☐ N

F. MSR's up to date? ☒ Y ☐ N Chronos up to date?

☒ Y ☐ N

Record check? ☒ Y ☐ N

Conditions signed? ☒ Y ☐ N FBI flash notice?

* ☒ Y ☐ N

Two photos? ☒ Y ☐ N

SUSPO's comments/directions:

*2 New Photos w/ labels
recommended.*

All supervised vision areas properly addressed

** Submit change in Flash Notice from Las Vegas CSPO
to San Francisco CSPO*

*Good job by P.O. in monitoring & handling
Tough case!*

REVIEWED AND APPROVED BY: [REDACTED]

Date: 7-25-94

REDACTED

(B(6))/(B(7)(c))

SUPERVISOR'S CASE PLAN REVIEW

CASE NAME Garrido Phillip

OFFICER [REDACTED]

INITIAL OR SUBSEQUENT PLAN DATE COMPLETED BY OFFICER 1-5-95

F-3 DUE

CASE TERMINATES 4-10-2027

A. Financial, Service, and Confinement conditions:

1. Are all active conditions properly identified?

☒ NONE

2. Were appropriate activities taken to enforce:

☐ Y ☐ N ☐ N/A

a. Restitution/fines/special assessments?

☐ Y ☐ N ☐ N/A

b. Payment agreement?

☐ Y ☐ N ☐ N/A

c. Community service?

☐ Y ☐ N ☐ N/A

d. Electronic monitoring, CCC/home confinement?

☐ Y ☐ N ☐ N/A

B. Risk Control

1. Are all supervision issues properly identified?

☐ NONE

2. Were appropriate activities undertaken to control the offender's level/type of risk?

☒ Y ☐ N

3. Is third-party risk properly addressed?

☒ Y ☐ N

4. Registerable offense?

☒ Y ☒ N

C. Correctional Treatment

1. Are all supervision issues properly identified?

☐ NONE

2. Were appropriate activities taken to address:

☒ Y ☐ N

a. [REDACTED]

b. [REDACTED]

c. Employment/education issues

d. Financial issues

e. Other issues

☐ Y ☐ N ☒ N/A

☐ Y ☐ N ☒ N/A

☐ Y ☐ N ☒ N/A

D. Does semi-annual progress report correctly identify problems and offender's compliance?

☒ Y ☐ N ☐ N/A

E. If a new case, are projected activities appropriate to address supervision issues?

☐ Y ☐ N ☒ N/A

F. MSR's up to date? ☒ Y ☐ N Chronos up to date? ☒ Y ☐ N Record check? ☒ Y ☐ N

Conditions signed? ☒ Y ☐ N FBI flash notice? ☒ Y ☐ N Two photos? ☐ Y ☐ N

SUSPO's comments/directions:

Cool remains fairly stable. PD continues to monitor all supervision areas satisfactorily.

Stations off Risk to women?

REVIEWED AND APPROVED BY: [REDACTED]

Date: 1-23-95

REDACTED

(B(6))/(B(7)(c))

SEMI-ANNUAL STATUS REPORT & REVISED PLAN FROM 01/05/95 TO 07/05/95

Case name: Garrido, Phillip Craig

PART 1 - SUPERVISION ISSUES

SUPERVISION ISSUES IDENTIFIED	A. Issue resolved?	B. If no, plan change needed?
Court Ordered Sanctions emp <i>Completed 9-6-93</i>	(Y/N) Y	(Y/N)
Risk Control [REDACTED]	?	
Correctional Treatment [REDACTED]	N	N

PART 2 - OFFENDER'S COMPLIANCE

Special Assessment Ordered: \$ 0 Balance: 0 On Schedule? (Y/N)
Fine Ordered: \$ 0 Balance: 0 In Default? (Y/N)
Restitution Ordered: \$ 0 Balance: 0 In Default? (Y/N)
Community Service Ordered: 0 Hrs Balance: 0 On Schedule? (Y/N)

Urinalysis: Phase: 0 #Stalls: 0 #Samples Taken: 0 #Positive: 0
Other Technical Violation: N (Y/N) Arrests/Convictions: N (Y/N)
Were all violations reported to Court or Parole Commissions? (Y/N)
Source of Income: employment Average Monthly Income: \$ [REDACTED]

Travel Restrictions: none
Special Instructions: none

Comments: Subject continues to cooperate [REDACTED]
[REDACTED] He remains employed at a nursery and currently has plans to help owner redo the place. His wife who accompanies him to all PO visits is working full time for [REDACTED]
[REDACTED] Next supv. period will focus on maintaining regular contact w// subject and monitoring his continued progress [REDACTED]

USPO

Date

SUSPO

Date

REDACTED

(B(6))/(B(7)(c))

TRANSFER/SUMMARY CHECKLIST

CASE NAME: GARRIDO, PHILLIP

CURRENT ADDRESS: [REDACTED]

PROB. OFFICER: [REDACTED]

TELEPHONE H: [REDACTED]

W:

CASE NO.: CR-

REG. NO.: 36377-136

CASE STATUS

CLASSIFICATION Enhanced: high ☒ low ☐ Administrative: ☐

How often was subj. seen? wkly ☐ bi-monthly ☐ monthly ☐ quarterly ☐ other ☒

MONTHLY REPORTS CURRENT? YES ☒ NO ☐ Months Due:

CASE SUMMARIES/F-3 Current? YES ☒ NO ☐ Next Due: 7/95

CHRONOS UP-TO-DATE? YES ☒ NO ☐ FBI # ON FILE? YES ☒ NO ☐

CASE PHOTOS (2)? YES ☒ NO ☐

If ANY case status items delinquent, what action has been taken?

COMMENTS:

CONDITIONS OF PROBATION/PAROLE

FINE ORDERED: \$

Balance: \$

RESTITUTION: \$

Balance: \$

COMMUNITY SERVICE HRS:

Balance of hrs.:

Agency:

Verified by:

OTHER CONDITIONS: [REDACTED]

Other: EMP

ACTION BY OFFICER

Is subject in full compliance with all conditions of Probation/Parole? If not, what action has been taken? YES Comment:

Has the Court/Parole Commission been advised? Comment:

TRANSFER SUMMARY

THIS PERSON IS EXTREMELY DANGEROUS, ALTHOUGH HIS PERIOD OF RELEASE THERE HAVE BEEN NO PROBLEMS IN THIS AREA. HE SEE [REDACTED] EVERY WEEK AND IS [REDACTED]

HE IS MUCH MORE STABLE AT THIS TIME THAN IS THE PAST [REDACTED]

THIS IS A TOUCH AND GO CASE AND MUST BE WATCHED CAREFULLY.

Probation Officer: [REDACTED]

SUSPO: _____

REDACTED

(B(6))/(B(7)(c))

**** INITIAL CASE SUPERVISION PLAN ****

Name: Garrido, Phillip Craig

PO: [REDACTED]

Type case: Parole (PTD Prob Mag. Prob Par Mil. Par MR SPT Sup. Rel. Furlough)

Date received: 08/26/88

Expiration date: 04/10/27

Plan for period of: 03/15/94 to 09/15/94

2027

Offense: Rape/ Kidnapping

PUNITIVE SANCTIONS

SPECIAL FINANCIAL, SERVICE, & CONFINEMENT CONDITIONS IN EFFECT ☐ None

☐ Special Assessment \$: 0
Payments of \$ 0 per OR
Due in full by: / /

☐ Restitution Balance: \$ 0
Payments of \$ 0 per OR
Due in full by: / /

☐ Fine Balance: \$ 0
Payments of \$ 0 per OR
Due in full by: / /

☐ Community Service Balance: 0
Scheduled for 0 hrs. per OR
To be completed by: / /

☐ Home Confinement for 0 days
☐ Other:

☐ CCC Placement for period of 0 days
☐ Other:

PROBLEM AREAS IDENTIFIED

☒ None

NO PROBLEM AREAS.

(No Current Assets/Income, Limited Assets, Limited Net Income, Physical Disability, Mental/Emotional Disability, Unusual Work Hours and Recurring Business Travel.)

SUPERVISION ACTIVITIES

☐ Verify Special Assessment: FQ-Type -
☐ Verify Fine Payments: -
☐ Verify Home Confinement by:
 ☐ Electronic Monitoring
 ☐ Unannounced Home Contacts:
 ☐ Telephone Contacts :

☐ Verify Restitution Payments FQ-Type -
☐ Verify Community Services Hrs. -
☐ Contact CCC Verify Compliance -
☐ Other:

FREQ: W=Week M=Month Q=Quarter S=Semi-annual TYPE: P=Personal T=Tel D=Document

COMMENTS:

(5-10-93 to 9-6-93)
Superv. was modified to include elec. monitoring in MAY 1993. He completed EMP w/ no problems.

REDACTED

(B(6)/(B(7)(C))

**** REVISED CASE SUPERVISION PLAN NO. 2 ****

Name: Garrido, Phillip Craig

PO: [REDACTED]

Type case: Parole (PTD Prob Mag. Prob Par Mil. Par MR SPT Sup. Rel. Furlough)

Date received: 08/26/88

Expiration date: 04/10/27

Plan for period of: 12/15/95 to 06/15/96

Offense: Rape/ Kidnapping

PUNITIVE SANCTIONS

SPECIAL FINANCIAL, SERVICE, & CONFINEMENT CONDITIONS IN EFFECT

☐ None

☐ Special Assessment \$: 0
Payments of \$ 0 per OR
Due in full by: / /

☐ Restitution Balance: \$ 0
Payments of \$ 0 per OR
Due in full by: / /

☐ Fine Balance: \$ 0
Payments of \$ 0 per OR
Due in full by: / /

☐ Community Service Balance: 0
Scheduled for 0 hrs. per OR
To be completed by: / /

☐ Home Confinement for 0 days
☐ Other:

☐ CCC Placement for period of 0 days
☐ Other:

PROBLEM AREAS IDENTIFIED

☒ None

NO PROBLEM AREAS.

(No Current Assets/Income, Limited Assets, Limited Net Income, Physical Disability, Mental/Emotional Disability, Unusual Work Hours and Recurring Business Travel.)

SUPERVISION ACTIVITIES

☐ Verify Special Assessment: FQ-Type -
☐ Verify Fine Payments: -
☐ Verify Home Confinement by:
 ☐ Electronic Monitoring
 ☐ Unannounced Home Contacts:
 ☐ Telephone Contacts :

☐ Verify Restitution Payments FQ-Type -
☐ Verify Community Services Hrs. -
☐ Contact CCC Verify Compliance -
☐ Other:

FREQ: W=Week M=Month Q=Quarter S=Semi-annual TYPE: P=Personal T=Tel D=Document

COMMENTS:

Superv. was modified to include elec. monitoring in MAY 1993. He completed EMP w/ no problems.

REDACTED

(S(6)/(B(7)(c))

** REVISED CASE SUPERVISION PLAN NO. 3 **

Name: Garrido, Phillip Craig

PO: [REDACTED]

Type case: Parole (PTD Prob Mag. Prob Par Mil. Par MR SPT Sup. Rel. Furlough)

Date received: 08/26/88

Expiration date: 04/10/27

Plan for period of: 06/15/96 to 12/15/96

Offense: Rape/ Kidnapping

PUNITIVE SANCTIONS

SPECIAL FINANCIAL, SERVICE, & CONFINEMENT CONDITIONS IN EFFECT ☐ None

<input type="checkbox"/> Special Assessment \$: 0	<input type="checkbox"/> Restitution Balance: \$ 0
<input type="checkbox"/> Payments of \$ 0 per OR	<input type="checkbox"/> Payments of \$ 0 per OR
<input type="checkbox"/> Due in full by: / /	<input type="checkbox"/> Due in full by: / /
<input type="checkbox"/> Fine Balance: \$ 0	<input type="checkbox"/> Community Service Balance: 0
<input type="checkbox"/> Payments of \$ 0 per OR	<input type="checkbox"/> Scheduled for 0 hrs. per OR
<input type="checkbox"/> Due in full by: / /	<input type="checkbox"/> To be completed by: / /
<input type="checkbox"/> Home Confinement for 0 days	<input type="checkbox"/> CCC Placement for period of 0 days
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

PROBLEM AREAS IDENTIFIED

☒ None

NO PROBLEM AREAS.

(No Current Assets/Income, Limited Assets, Limited Net Income, Physical Disability, Mental/Emotional Disability, Unusual Work Hours and Recurring Business Travel.)

SUPERVISION ACTIVITIES

	FQ-Type		FQ-Type
<input type="checkbox"/> Verify Special Assessment:	-	<input type="checkbox"/> Verify Restitution Payments	-
<input type="checkbox"/> Verify Fine Payments:	-	<input type="checkbox"/> Verify Community Services Hrs.	-
<input type="checkbox"/> Verify Home Confinement by:		<input type="checkbox"/> Contact CCC Verify Compliance	-
<input type="checkbox"/> Electronic Monitoring		<input type="checkbox"/> Other:	
<input type="checkbox"/> Unannounced Home Contacts:			
<input type="checkbox"/> Telephone Contacts :			

FREQ: W=Week M=Month Q=Quarter S=Semi-annual TYPE: P=Personal T=Tel D=Document

COMMENTS:

Superv. was modified to include elec. monitoring in May 1993. He completed EMP w/ no problems.

REDACTED

(B(6))/(B(7)(c))

**** REVISED CASE SUPERVISION PLAN NO. 4 ****

Name: Garrido, Phillip Craig

PO: [REDACTED]

Type case: Parole (PTD Prob Mag. Prob Par Mil. Par MR SPT Sup. Rel. Furlough)

Date received: 08/26/88

Expiration date: 04/10/27

Plan for period of: 12/15/96 to 06/15/97

Offense: Rape/ Kidnapping

PUNITIVE SANCTIONS

SPECIAL FINANCIAL, SERVICE, & CONFINEMENT CONDITIONS IN EFFECT ☐ None

<input type="checkbox"/> Special Assessment \$: 0	OR	<input type="checkbox"/> Restitution Balance: \$ 0
<input type="checkbox"/> Payments of \$ 0 per		<input type="checkbox"/> Payments of \$ 0 per
<input type="checkbox"/> Due in full by: / /		<input type="checkbox"/> Due in full by: / /
<input type="checkbox"/> Fine Balance: \$ 0	OR	<input type="checkbox"/> Community Service Balance: 0
<input type="checkbox"/> Payments of \$ 0 per		<input type="checkbox"/> Scheduled for 0 hrs. per
<input type="checkbox"/> Due in full by: / /		<input type="checkbox"/> To be completed by: / /
<input type="checkbox"/> Home Confinement for 0 days		<input type="checkbox"/> CCC Placement for period of 0 days
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:

PROBLEM AREAS IDENTIFIED

☒ None

NO PROBLEM AREAS.

(No Current Assets/Income, Limited Assets, Limited Net Income, Physical Disability, Mental/Emotional Disability, Unusual Work Hours and Recurring Business Travel.)

SUPERVISION ACTIVITIES

	FQ-Type		FQ-Type
<input type="checkbox"/> Verify Special Assessment:	-	<input type="checkbox"/> Verify Restitution Payments	-
<input type="checkbox"/> Verify Fine Payments:	-	<input type="checkbox"/> Verify Community Services Hrs.	-
<input type="checkbox"/> Verify Home Confinement by:		<input type="checkbox"/> Contact CCC Verify Compliance	
<input type="checkbox"/> Electronic Monitoring		<input type="checkbox"/> Other:	
<input type="checkbox"/> Unannounced Home Contacts:			
<input type="checkbox"/> Telephone Contacts :			

FREQ: W=Week M=Month Q=Quarter S=Semi-annual TYPE: P=Personal T=Tel D=Document

COMMENTS:

Superv. was modified to include elec. monitoring in MAY 1993. He completed EMP w/ no problems.

REDACTED

(B(6)/(B(7)(C)

** REVISED CASE SUPERVISION PLAN NO. 5 **
Name: Garrido, Phillip Craig PO: [REDACTED]

Type case: Parole (PTD Prob Mag. Prob Par Mil. Par MR SPT Sup. Rel. Furlough)
Date received: 08/26/88 Expiration date: 04/10/27
Plan for period of: 06/30/97 to 12/30/97

Offense: Rape/ Kidnapping

PUNITIVE SANCTIONS

SPECIAL FINANCIAL, SERVICE, & CONFINEMENT CONDITIONS IN EFFECT ☐ None

<input type="checkbox"/> Special Assessment \$: 0 Payments of \$ 0 per OR Due in full by: / /	<input type="checkbox"/> Restitution Balance: \$ 0 Payments of \$ 0 per OR Due in full by: / /
<input type="checkbox"/> Fine Balance: \$ 0 Payments of \$ 0 per OR Due in full by: / /	<input type="checkbox"/> Community Service Balance: 0 Scheduled for 0 hrs. per OR To be completed by: / /
<input type="checkbox"/> Home Confinement for 0 days <input type="checkbox"/> Other:	<input type="checkbox"/> CCC Placement for period of 0 days <input type="checkbox"/> Other:

PROBLEM AREAS IDENTIFIED

☒ None

NO PROBLEM AREAS.

(No Current Assets/Income, Limited Assets, Limited Net Income, Physical Disability, Mental/Emotional Disability, Unusual Work Hours and Recurring Business Travel.)

SUPERVISION ACTIVITIES

	FQ-Type		FQ-Type
<input type="checkbox"/> Verify Special Assessment:	-	<input type="checkbox"/> Verify Restitution Payments	-
<input type="checkbox"/> Verify Fine Payments:	-	<input type="checkbox"/> Verify Community Services Hrs.	-
<input type="checkbox"/> Verify Home Confinement by:		<input type="checkbox"/> Contact CCC Verify Compliance	-
<input type="checkbox"/> Electronic Monitoring		<input type="checkbox"/> Other:	
<input type="checkbox"/> Unannounced Home Contacts:			
<input type="checkbox"/> Telephone Contacts :			

FREQ: W=Week M=Month Q=Quarter S=Semi-annual TYPE: P=Personal T=Tel D=Docume

COMMENTS:

Superv. was modified to include elec. monitoring in MAY 1993. He completed EMP w/ no problems.

REDACTED

(B(6))/(B(7)(c))

** REVISED CASE SUPERVISION PLAN NO. 6 **

Name: Garrido, Phillip Craig

PO: [REDACTED]

Type case: Parole (PTD Prob Mag. Prob Par Mil. Par MR SPT Sup. Rel. Furlough)

Date received: 08/26/88

Expiration date: 04/10/27

Plan for period of: 06/30/98 to 12/30/98

Offense: Rape/ Kidnapping

PUNITIVE SANCTIONS

SPECIAL FINANCIAL, SERVICE, & CONFINEMENT CONDITIONS IN EFFECT ☐ None

<input type="checkbox"/> Special Assessment \$: 0		<input type="checkbox"/> Restitution Balance: \$ 0
Payments of \$ 0 per	OR	Payments of \$ 0 per
Due in full by: / /		Due in full by: / /
<input type="checkbox"/> Fine Balance: \$ 0		<input type="checkbox"/> Community Service Balance: 0
Payments of \$ 0 per	OR	Scheduled for 0 hrs. per
Due in full by: / /		To be completed by: / /
<input type="checkbox"/> Home Confinement for 0 days		<input type="checkbox"/> CCC Placement for period of 0 days
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:

PROBLEM AREAS IDENTIFIED

☒ None

NO PROBLEM AREAS.

(No Current Assets/Income, Limited Assets, Limited Net Income, Physical Disability, Mental/Emotional Disability, Unusual Work Hours and Recurring Business Travel.)

SUPERVISION ACTIVITIES

	FQ-Type		FQ-Type
<input type="checkbox"/> Verify Special Assessment:	-	<input type="checkbox"/> Verify Restitution Payments	-
<input type="checkbox"/> Verify Fine Payments:	-	<input type="checkbox"/> Verify Community Services Hrs.	-
<input type="checkbox"/> Verify Home Confinement by:		<input type="checkbox"/> Contact CCC Verify Compliance	-
<input type="checkbox"/> Electronic Monitoring		<input type="checkbox"/> Other:	
<input type="checkbox"/> Unannounced Home Contacts:			
<input type="checkbox"/> Telephone Contacts :			

FREQ: W=Week M=Month Q=Quarter S=Semi-annual TYPE: P=Personal T=Tel D=Document

COMMENTS:

Superv. was modified to include elec. monitoring in MAY 1993. He completed EMP w/ no problems.

REDACTED

(B(6))/(B(7)(c))

Name: Garrido, Phillip Craig

PO: [REDACTED]
RPS-80: 0 SFS: [REDACTED]

SPECIAL RISK CONTROL CONDITIONS IN EFFECT ☐ None

<input type="checkbox"/> Restricted Employment:	<input type="checkbox"/> Restrict Travel:
<input type="checkbox"/> Restricted Activities:	<input type="checkbox"/> Search Person / Residence / Car:
<input type="checkbox"/> Financial Disclosure	<input checked="" type="checkbox"/> Urine Surveillance
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

RISK RELATED PROBLEM AREAS IDENTIFIED ☐ None

<input checked="" type="checkbox"/> Employment	[REDACTED]	<input type="checkbox"/> Pattern of Similar Crim. Act.
<input type="checkbox"/> Financial	[REDACTED]	<input type="checkbox"/> Criminal Associations
<input type="checkbox"/> Residence	<input type="checkbox"/> Pending charges	<input type="checkbox"/> Risk related travel
<input type="checkbox"/> Criminal Activ.	<input checked="" type="checkbox"/> Violence	<input checked="" type="checkbox"/> History of Registerable
<input type="checkbox"/> Under Superv.		<input type="checkbox"/> Convictions (Sex, Arson, Drug)

THIRD PARTY RISK ☐ None (Explain below)

Risk of Physical Harm to:
women in gen.

Notify: not applicable

Risk of Financial Harm to:

Notify:

SUPERVISION ACTIVITIES

	FQ-Type		FQ-Type
MONITORING EMPLOYMENT		MONITORING FOR LAW VIOLATIONS	
<input type="checkbox"/> Collateral Contact w/Employer		<input checked="" type="checkbox"/> Criminal Record Check	S -P
<input checked="" type="checkbox"/> Review Pay Stubs	P-M	<input type="checkbox"/> Contact Local Law Enforce.	
MONITORING FINANCES:		<input type="checkbox"/> Contact Original Arrest. Agcy.	
<input type="checkbox"/> Review Major Purchase Agree.		<input type="checkbox"/> Check of Vehicle Registrations	
<input type="checkbox"/> Credit Bureau Check		<input type="checkbox"/> Review Telephone Toll Records	
<input type="checkbox"/> Review Bank Statements		<input type="checkbox"/> Surveillance Offender/Assoc.	
<input type="checkbox"/> Examination of Business Recs.		<input type="checkbox"/> Verify Status Pending Charges	
<input type="checkbox"/> Examine Tax Returns		<input checked="" type="checkbox"/> Unscheduled Urine Collections	R-C
<input type="checkbox"/> Verify Alimony/Child Support		<input type="checkbox"/> Search Offender Residence/Car	
MONITORING LIVING SITUATION		<input type="checkbox"/> given legal cause:	
<input checked="" type="checkbox"/> On-site Examine Living Situat.	S-P	<input type="checkbox"/> Restrict Travel:	
<input checked="" type="checkbox"/> Contact Family/Signif. Others	S-P	<input type="checkbox"/> Verify Criminal Registration	

FREQ: W=Week M=Month Q=Quarter S=Semi-annual TYPE: P=Personal T=Tel D=Document

COMMENTS:

Subj. is always threat to women. His offense was extremely serious. [REDACTED]

[REDACTED] At this point he is doing better than at anyother time since his release. He resides w/ his wife in Antioch.

REDACTED

(B(6))/(B(7)(c))

Was employed until recently. Sees [REDACTED] every week and reports to PO regularly by phone or in person.

REDACTED

(b)(6)/(b)(7)(c)

**** RISK CONTROL ****

Name: Garrido, Phillip Craig

PO: [REDACTED]

RPS-80: 0 SFS: [REDACTED]

SPECIAL RISK CONTROL CONDITIONS IN EFFECT

☐ None

☐ Restricted Employment:

☐ Restrict Travel:

☐ Restricted Activities:

☐ Search Person / Residence / Car:

☐ Financial Disclosure

☒ Urine Surveillance

☐ Other:

☐ Other:

RISK RELATED PROBLEM AREAS IDENTIFIED

☐ None

☒ Employment

☐ Financial

☐ Residence

☐ Criminal Activ.

☐ Under Superv.

☒ Pending charges

☒ Violence

☐ Pattern of Similar Crim. Act.

☐ Criminal Associations

☐ Risk related travel

☒ History of Registerable

Convictions (Sex, Arson, Drug)

THIRD PARTY RISK

☐ None (Explain below)

Risk of Physical Harm to:
women in gen.

Risk of Financial Harm to:

Notify: not applicable

Notify:

SUPERVISION ACTIVITIES

MONITORING EMPLOYMENT FQ-Type
☐ Collateral Contact w/Employer
☒ Review Pay Stubs P-M

MONITORING FINANCES:
☐ Review Major Purchase Agree.
☐ Credit Bureau Check
☐ Review Bank Statements
☐ Examination of Business Recs.
☐ Examine Tax Returns
☐ Verify Alimony/Child Support

MONITORING LIVING SITUATION
☒ On-site Examine Living Situat. S-P
☒ Contact Family/Signif. Others S-P

MONITORING FOR LAW VIOLATIONS FQ-Type
☒ Criminal Record Check S -P
☐ Contact Local Law Enforce.
☐ Contact Original Arrest. Agcy.
☐ Check of Vehicle Registrations
☐ Review Telephone Toll Records
☐ Surveillance Offender/Assoc.
☐ Verify Status Pending Charges
☒ Unscheduled Urine Collections R-C
☐ Search Offender Residence/Car
☐ given legal cause:

☐ Restrict Travel:

☐ Verify Criminal Registration

FREQ: W=Week M=Month Q=Quarter S=Semi-annual TYPE: P=Personal T=Tel D=Document

COMMENTS:

Subj. is always threat to women. His offense was extremely serious. [REDACTED]

[REDACTED] At this point he is doing better than at anyother time since his release. He resides w/ his wife in Antioch.

REDACTED

(B(6))/(B(7))(c)

Was employed until recently. Sees [REDACTED] every week and reports to PO regularly by phone or in person.

REDACTED

(B)(6)/(B)(7)(C)

**** RISK CONTROL ****

Name: Garrido, Phillip Craig

PO: [REDACTED]
RPS-80: 0 SFS: [REDACTED]

SPECIAL RISK CONTROL CONDITIONS IN EFFECT

[] None

☐ Restricted Employment:

☐ Restrict Travel:

☐ Restricted Activities:

☐ Search Person / Residence / Car:

☐ Financial Disclosure

☒ Urine Surveillance

☐ Other:

☐ Other:

RISK RELATED PROBLEM AREAS IDENTIFIED

[] None

☒ Employment

☐ Financial

☐ Residence

☐ Criminal Activ.

Under Superv.

☐ Pending charges

☒ Violence

☐ Pattern of Similar Crim. Act.

☐ Criminal Associations

☐ Risk related travel

☒ History of Registerable

Convictions (Sex, Arson, Drug)

THIRD PARTY RISK

[] None (Explain below)

Risk of Physical Harm to:
women in gen.

Risk of Financial Harm to:

Notify: not applicable

Notify:

SUPERVISION ACTIVITIES

MONITORING EMPLOYMENT

FQ-Type

☐ Collateral Contact w/Employer

☒ Review Pay Stubs

P-M

MONITORING FINANCES:

☐ Review Major Purchase Agree.

☐ Credit Bureau Check

☐ Review Bank Statements

☐ Examination of Business Recs.

☐ Examine Tax Returns

☐ Verify Alimony/Child Support

MONITORING LIVING SITUATION

☒ On-site Examine Living Situat. S-P

☒ Contact Family/Signif. Others S-P

MONITORING FOR LAW VIOLATIONS

FQ-Type

☒ Criminal Record Check

S -P

☐ Contact Local Law Enforce.

☐ Contact Original Arrest. Agcy.

☐ Check of Vehicle Registrations

☐ Review Telephone Toll Records

☐ Surveillance Offender/Assoc.

☐ Verify Status Pending Charges

☒ Unscheduled Urine Collections

R-C

☐ Search Offender Residence/Car

☐ given legal cause:

☐ Restrict Travel:

☐ Verify Criminal Registration

FREQ: W=Week M=Month Q=Quarter S=Semi-annual TYPE: P=Personal T=Tel D=Document

COMMENTS:

Subj. is always threat to women. His offense was extremely serious. [REDACTED]

[REDACTED] At this point he is doing better than at anyother time since his release. He resides w/ his wife in Antioch.

REDACTED

(B(5)/(B(7)(c)

Was employed until recently. Sees [REDACTED] every week and reports to PO regularly by phone or in person.

REDACTED

(B)(7)(C)

** RISK CONTROL **
Name: Garrido, Phillip Craig

PO: [REDACTED]
RPS-80: 0 SFS: [REDACTED]

SPECIAL RISK CONTROL CONDITIONS IN EFFECT [] None

☐ Restricted Employment:

☐ Restrict Travel:

☐ Restricted Activities:

☐ Search Person / Residence / Car:

☐ Financial Disclosure

☒ Urine Surveillance

☐ Other:

☐ Other:

RISK RELATED PROBLEM AREAS IDENTIFIED [] None

☒ Employment

☐ Financial

☐ Residence

☐ Criminal Activ.

☐ Under Superv.

☐ Pending charges

☒ Violence

☐ Pattern of Similar Crim. Act.

☐ Criminal Associations

☐ Risk related travel

☒ History of Registerable

Convictions (Sex, Arson, Drug)

THIRD PARTY RISK [] None (Explain below)

Risk of Physical Harm to:
women in gen.

Risk of Financial Harm to:

Notify: not applicable

Notify:

SUPERVISION ACTIVITIES

MONITORING EMPLOYMENT FQ-Type
☐ Collateral Contact w/Employer
☒ Review Pay Stubs P-M

MONITORING FINANCES:
☐ Review Major Purchase Agree.
☐ Credit Bureau Check
☐ Review Bank Statements
☐ Examination of Business Recs.
☐ Examine Tax Returns
☐ Verify Alimony/Child Support

MONITORING LIVING SITUATION
☒ On-site Examine Living Situat. S-P
☒ Contact Family/Signif. Others S-P

MONITORING FOR LAW VIOLATIONS FQ-Type
☒ Criminal Record Check S -P
☐ Contact Local Law Enforce.
☐ Contact Original Arrest. Agcy.
☐ Check of Vehicle Registrations
☐ Review Telephone Toll Records
☐ Surveillance Offender/Assoc.
☐ Verify Status Pending Charges
☒ Unscheduled Urine Collections R-C
☐ Search Offender Residence/Car
given legal cause:

☐ Restrict Travel:

☐ Verify Criminal Registration

FREQ: W=Week M=Month Q=Quarter S=Semi-annual TYPE: P=Personal T=Tel D=Document

COMMENTS:

Subj. is always threat to women. His offense was extremely serious. [REDACTED]

[REDACTED] At this point he is doing better than at anyother time since his release. He resides w/ his wife in Antioch.

REDACTED

(B(6))/(B(7)(c))

Was employed until recently. Sees [REDACTED] every week and reports to PO regularly by phone or in person.

REDACTED

(B)(5)(F)(7)(C)

** RISK CONTROL **

Name: Garrido, Phillip Craig

PO: [REDACTED]

RPS-80: 0 SFS: [REDACTED]

SPECIAL RISK CONTROL CONDITIONS IN EFFECT

[] None

☐ Restricted Employment:

☐ Restrict Travel:

☐ Restricted Activities:

☐ Search Person / Residence / Car:

☐ Financial Disclosure

☒ Urine Surveillance

☐ Other:

☐ Other:

RISK RELATED PROBLEM AREAS IDENTIFIED

[] None

☒ Employment

☐ Financial

☐ Residence

☐ Criminal Activ.

☐ Under Superv.

☐ Pending charges

☒ Violence

☐ Pattern of Similar, Crim. Act.

☐ Criminal Associations

☐ Risk related travel

☒ History of Registerable

Convictions (Sex, Arson, Drug)

THIRD PARTY RISK

[] None (Explain below)

Risk of Physical Harm to:
women in gen.

Risk of Financial Harm to:

Notify: not applicable

Notify:

SUPERVISION ACTIVITIES

MONITORING EMPLOYMENT FQ-Type
Collateral Contact w/Employer
☒ Review Pay Stubs P-M
MONITORING FINANCES:
Review Major Purchase Agree.
Credit Bureau Check
Review Bank Statements
☒ Examination of Business Recs. Q -D
Examine Tax Returns
Verify Alimony/Child Support
MONITORING LIVING SITUATION
☒ On-site Examine Living Situat. S-P
☒ Contact Family/Signif. Others S-P

MONITORING FOR LAW VIOLATIONS FQ-Type
☒ Criminal Record Check S -P
Contact Local Law Enforce.
Contact Original Arrest. Agcy.
Check of Vehicle Registrations
Review Telephone Toll Records
Surveillance Offender/Assoc.
Verify Status Pending Charges
☒ Unscheduled Urine Collections R-C
Search Offender Residence/Car
given legal cause:
Restrict Travel:
Verify Criminal Registration

FREQ: W=Week M=Month Q=Quarter S=Semi-annual TYPE: P=Personal T=Tel D=Document

COMMENTS:

Subj. is always threat to women. His offense was extremely serious.

At this point he is doing better than at any other time since his release. He resides w/ his wife in Antioch.

REDACTED

(B)(6)/(B)(7)(C)

** RISK CONTROL **

Name: Garrido, Phillip Craig

PO: [REDACTED]

RPS-80: 0 SFS: [REDACTED]

SPECIAL RISK CONTROL CONDITIONS IN EFFECT

[] None

☐ Restricted Employment:

☐ Restrict Travel:

☐ Restricted Activities:

☐ Search Person / Residence / Car:

☐ Financial Disclosure

☒ Urine Surveillance

☐ Other:

☐ Other:

RISK RELATED PROBLEM AREAS IDENTIFIED

[] None

☒ Employment

☐ Financial

☐ Residence

☐ Criminal Activ.

☐ Under Superv.

☐ Pending charges

☒ Violence

☐ Pattern of Similar Crim. Act.

☐ Criminal Associations

☐ Risk related travel

☒ History of Registerable

Convictions (Sex, Arson, Drug)

THIRD PARTY RISK

[] None (Explain below)

Risk of Physical Harm to:
women in gen.

Risk of Financial Harm to:

Notify: not applicable

Notify:

SUPERVISION ACTIVITIES

MONITORING EMPLOYMENT

☐ Collateral Contact w/Employer

☒ Review Pay Stubs P-M

MONITORING FINANCES:

☐ Review Major Purchase Agree.

☐ Credit Bureau Check

☐ Review Bank Statements

☒ Examination of Business Recs. Q -D

☐ Examine Tax Returns

☐ Verify Alimony/Child Support

MONITORING LIVING SITUATION

☒ On-site Examine Living Situat. S-P

☒ Contact Family/Signif. Others S-P

MONITORING FOR LAW VIOLATIONS

☒ Criminal Record Check S -P

☐ Contact Local Law Enforce.

☐ Contact Original Arrest. Agcy.

☐ Check of Vehicle Registrations

☐ Review Telephone Toll Records

☐ Surveillance Offender/Assoc.

☐ Verify Status Pending Charges

☐ Unscheduled Urine Collections

☐ Search Offender Residence/Car

☐ given legal cause:

☐ Restrict Travel:

☐ Verify Criminal Registration

FREQ: W=Week M=Month Q=Quarter S=Semi-annual TYPE: P=Personal T=Tel D=Document

COMMENTS:

Subj. is always threat to women. His offense was extremely serious. [REDACTED]

[REDACTED] At this point he is doing better than at anyother time since his release. He resides w/ his wife in Antioch.

REDACTED

(B(6))/(B(7)(C))

**** CORRECTIONAL TREATMENT ****

Name: Garrido, Phillip Craig

PO: [REDACTED]

SPECIAL CONDITIONS IN EFFECT

☐ None

☐ Complete Vocat. Educa. Program

☐ Obtain/Maintain Employment
☐ Other:

PROBLEM AREAS

☐ None

☐ Educat./Vocat. Training
☐ Mental / Emotional

☐ Physical Health
☐ Employment
☐ Financial Budgeting

☐ Basic Subsistence

SUPERVISION ACTIVITIES

FQ-Type

FQ-Type

EDUCATIONAL/VOCATION. TRAINING:

☐ Referral for Services:

☐ Contact with Agency: -
☐ Assistance provided by PO: -

EMPLOYMENT:

☐ Referral for Services to:

☐ Contact with Agency: -
☐ Assistance provided by PO: -

FINANCIAL / BUDGETING:

☐ Referral for Services to:

☐ Contact with Agency: -
☐ Assistance provided by PO: -

FAMILY / MARITAL

☐ Referral for Services to:

☐ Contact with Agency: -
☐ Assistance by PO: -
☐ Contact with Family: -

MEDICAL

☐ Referral for Services:

☐ Contact with Agency: -

BASIC SUBSISTENCE

☐ Referral-House/Food/Clothing Serv:

☐ Contact with Agency: -

FREQ: W=Week M=Month Q=Quarter S=Semi-annual TYPE: P=Personal T=Tel D=Document

☐ NO Supervision issues identified. Verify eligibility for administrative caseload or early termination.

COMMENTS:

HAS BEEN VERY COMPLIANT AND HAS POSED NO PROBLEMS. I WILL CONTINUE TO
MONITOR D VIA HV'S AND POV'S.

TO DATE D

01/22/96

REDACTED

(B)(6)(B)(7)(C)

U.S. Probation Officer

Date

SUSPO Approval

Date

REDACTED

(B)(5)/(B)(7)(C)

** CORRECTIONAL TREATMENT **

Name: Garrido, Phillip Craig

PO: [REDACTED]

SPECIAL CONDITIONS IN EFFECT

[] None

[REDACTED]
[REDACTED]
[REDACTED]
Complete Vocat. Educa. Program

[REDACTED]
[REDACTED]
Obtain/Maintain Employment
Other:

PROBLEM AREAS

[] None

[REDACTED]
Educat./Vocat. Training
Mental / Emotional

[REDACTED]
Physical Health
Employment
Financial Budgeting

[REDACTED]
Basic Subsistence

SUPERVISION ACTIVITIES

FQ-Type

FQ-Type

EDUCATIONAL/VOCATION. TRAINING:
Referral for Services:

Contact with Agency: -
Assistance provided by PO: -

EMPLOYMENT:

Referral for Services to:

Contact with Agency: -
Assistance provided by PO: -

FINANCIAL / BUDGETING:

Referral for Services to:

Contact with Agency: -
Assistance provided by PO: -

FAMILY / MARITAL

Referral for Services to:

Contact with Agency: -
Assistance by PO: -
Contact with Family: -

MEDICAL

Referral for Services:

Contact with Agency: -

BASIC SUBSISTENCE

Referral-House/Food/Clothing Serv:

Contact with Agency: -

FREQ: W=Week M=Month Q=Quarter S=Semi-annual TYPE: P=Personal T=Tel D=Document

[] NO Supervision issues identified. Verify eligibility for administrative caseload or early termination.

COMMENTS:

HAS BEEN VERY COMPLIANT AND HAS POSED NO PROBLEMS. I WILL CONTINUE TO
MONITOR D VIA HV'S AND POV'S.

TO DATE D

06/22/96

/ /

REDACTED

(B)(6)/(B)(7)(C)

**** CORRECTIONAL TREATMENT ****

Name: Garrido, Phillip Craig

PO: [REDACTED]

SPECIAL CONDITIONS IN EFFECT

☐ None

☐ Complete Vocat. Educa. Program

☐ Obtain/Maintain Employment
☐ Other:

PROBLEM AREAS

☐ None

☐ Educat./Vocat. Training
☐ Mental / Emotional

☐ Physical Health
☐ Employment
☐ Financial Budgeting

☐ Basic Subsistence

SUPERVISION ACTIVITIES

FQ-Type

FQ-Type

EMPLOYMENT:

☐ Referral for Services to:

☐ Contact with Agency: -
☐ Assistance provided by PO -

EDUCATIONAL/VOCATION. TRAINING:

☐ Referral for Services:

☐ Contact with Agency: -
☐ Assistance provided by PO: -

FINANCIAL / BUDGETING:

☐ Referral for Services to:

☐ Contact with Agency: -
☐ Assistance provided by PO -

FAMILY / MARITAL

☐ Referral for Services to:

☐ Contact with Agency: -
☐ Assistance by PO -
☐ Contact with Family

MEDICAL

☐ Referral for Services:

☐ Contact with Agency: -

BASIC SUBSISTENCE

☐ Referral-House/Food/Clothing Serv:

☐ Contact with Agency: -

FREQ: W=Week M=Month Q=Quarter S=Semi-annual TYPE: P=Personal T=Tel D=Document

☐ NO Supervision issues identified. Verify eligibility for administrative caseload or early termination.


COMMENTS:

no changes from the last reporting period. d continues to do well. d is focused on his printing business, which appears to be doing well. d provides copies of all business records at pov's.

TO DATE D HAS BEEN VERY COMPLIANT AND HAS POSED NO PROBLEMS. I WILL CONTINUE TO MONITOR D VIA HV'S AND POV'S.

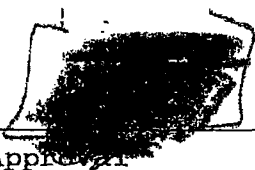
REDACTED ()

(B(6))/(B(7)(C))

 12/23/96

U.S. Probation Officer

Date

 SUSPO Approval

/ /
Date

REDACTED

(B)(6)/(B)(7)(c)

** CORRECTIONAL TREATMENT **

Name: Garrido, Phillip Craig

PO: [REDACTED]

SPECIAL CONDITIONS IN EFFECT

[] None

[REDACTED]
[REDACTED]
Complete Vocat. Educa. Program

[REDACTED]
Obtain/Maintain Employment
Other:

PROBLEM AREAS

[] None

[REDACTED]
Educat./Vocat. Training
Mental / Emotional

Physical Health
Employment
Financial Budgeting

[REDACTED]
Basic Subsistence

SUPERVISION ACTIVITIES

FQ-Type

FQ-Type

EDUCATIONAL/VOCATION. TRAINING:

[REDACTED]
Referral for Services:

Contact with Agency: -
Assistance provided by PO: -

EMPLOYMENT:

Referral for Services to:

Contact with Agency: -
Assistance provided by PO: -

FINANCIAL / BUDGETING:

Referral for Services to:

Contact with Agency: -
Assistance provided by PO: -

FAMILY / MARITAL

Referral for Services to:

Contact with Agency: -
Assistance by PO: -
Contact with Family: -

MEDICAL

[REDACTED]
Referral for Services:

Contact with Agency: -

BASIC SUBSISTENCE

Referral-House/Food/Clothing Serv:

Contact with Agency: -

FREQ: W=Week M=Month Q=Quarter S=Semi-annual TYPE: P=Personal T=Tel D=Documer

[] NO Supervision issues identified. Verify eligibility for administrative caseload or early termination.

COMMENTS:

no changes from the last reporting period. d continues to do well. d is focused on his printing business, which appears to be doing well. d provides copies of all business records at pov's.

TO DATE D HAS BEEN VERY COMPLIANT AND HAS POSED NO PROBLEMS. I WILL CONTINUE TO MONITOR D VIA HV'S AND POV'S. d continues to do well on supervision, he has made remarkable

REDACTED

(B)(6)/(B)(7)(c)

progress. d appears very positive about life.

[REDACTED]

07/10/97

U.S. Probation Officer

Date

[REDACTED]

9 /4 97

SUSPO Approval

Date

REDACTED

(B(6))/(B(7)(C))

** CORRECTIONAL TREATMENT **

Name: Garrido, Phillip Craig

PO: [REDACTED]

SPECIAL CONDITIONS IN EFFECT

[] None

[REDACTED]
Complete Vocat. Educa. Program

[REDACTED]
Obtain/Maintain Employment
Other:

PROBLEM AREAS

[] None

[REDACTED]
Educat./Vocat. Training
Mental / Emotional

[REDACTED]
Physical Health
Employment.
Financial Budgeting

[REDACTED]
Basic Subsistence

SUPERVISION ACTIVITIES

FQ-Type

FQ-Type

EDUCATIONAL/VOCATION. TRAINING:
Referral for Services:

Contact with Agency: -
Assistance provided by PO: -

MEDICAL

Referral for Services:

Contact with Agency: -

EMPLOYMENT:

Referral for Services to:

Contact with Agency: -
Assistance provided by PO: -

FINANCIAL / BUDGETING:

Referral for Services to:

Contact with Agency: -
Assistance provided by PO: -

FAMILY / MARITAL

Referral for Services to:

Contact with Agency: -
Assistance by PO: -
Contact with Family: -

BASIC SUBSISTENCE

Referral-House/Food/Clothing Serv:

Contact with Agency: -

FREQ: W=Week M=Month Q=Quarter S=Semi-annual TYPE: P=Personal T=Tel D=Document

[] NO Supervision issues identified. Verify eligibility for administrative caseload or early termination.

COMMENTS:

no changes from the last reporting period. d continues to do well. d is focused on his printing business, which appears to be doing well. d provides copies of all business records at pov's.

TO DATE D HAS BEEN VERY COMPLIANT AND HAS POSED NO PROBLEMS. I WILL CONTINUE TO MONITOR D VIA HV'S AND POV'S. d continues to do well on supervision, he has made remarkable

REDACTED

(B(5)/(B(7)(C)

progress. d appears very positive about life.

[REDACTED] d is doing well with his printing business and submit tax return info and business records semi annually. d needs minimal supervision.

[REDACTED] 07/20/98

U.S. Probation Officer

Date

[REDACTED] SUSPO Approval

3/23/99
Date

REDACTED

(B)(6)/(B)(7)(c)

SUPERVISOR'S CASE PLAN REVIEW

CASE

NAME

Philip Jamido

OFFICER

[REDACTED]

INITIAL

OR SUBSEQUENT ☒ PLAN

DATE COMPLETED BY OFFICER

7.10.97

F-3 DUE

CASE TERMINATES

A. Financial, Service, and Confinement conditions:

☒ NONE

1. Are all active conditions properly identified?

☐ Y ☐ N ☐ N/A

2. Were appropriate activities taken to enforce:

a. Restitution/fines/special assessments?

☐ Y ☐ N ☐ N/A

b. Payment agreement?

☐ Y ☐ N ☐ N/A

c. Community service?

☐ Y ☐ N ☐ N/A

d. Electronic monitoring, CCC/home confinement?

☐ Y ☐ N ☐ N/A

B. Risk Control

☐ NONE

1. Are all supervision issues properly identified?

☒ Y ☐ N

2. Were appropriate activities undertaken to control the offender's level/type of risk?

☒ Y ☐ N

3. Is third-party risk properly addressed?

☒ Y ☐ N

4. Registerable offense?

☐ Y ☒ N

C. Correctional Treatment

☐ NONE

1. Are all supervision issues properly identified?

☐ Y ☐ N

2. Were appropriate activities taken to address:

a. Drug/alcohol issues

☐ Y ☐ N ☐ N/A

b. Mental/emotional issues

☐ Y ☐ N ☐ N/A

c. Employment/education issues

☐ Y ☐ N ☐ N/A

d. Financial issues

☐ Y ☐ N ☐ N/A

e. Other issues

☐ Y ☐ N ☐ N/A

D. Does semi-annual progress report correctly identify problems and offender's compliance?

☐ Y ☐ N ☐ N/A

E. If a new case, are projected activities appropriate to address supervision issues?

☐ Y ☐ N ☐ N/A

F. MSR's up to date?

☒ Y ☐ N

Chronos up to date?

☒ Y ☐ N

Record check?

☒ Y ☐ N

Conditions signed?

☒ Y ☐ N

FBI flash notice?

☒ Y ☐ N

Two photos?

☒ Y ☒ N

Mandatory Testing

☐ 1.

☐ 2.

☐ 3.

Notification of Address Change

☐ Y

☐ N

☐ N/A

SUSPO's comments/directions:

REVIEWED AND APPROVED BY:

[REDACTED]

Date:

9.14.97

REDACTED

(B)(6)/(B)(7)(C)

SUPERVISOR'S CASE PLAN REVIEW

CASE NAME: GARRIDO, PHILLIP

OFFICER: [REDACTED]

ICSP: RCSP: X

DATE DUE: 7/98

DATE SUBMITTED BY OFFICER: 7/98

CASE TYPE: PAROLE

SUPERVISION DATES: 1-20-88 TO 4-10-27

OFFENSE CONDUCT: S FORCIBLY KIDNAPPED AND RAPED A 23 YEAR OLD YOUNG WOMAN. HE HANDCUFFED HER, TAPED HER MOUTH SHUT AND PLACED A LEATHER STRAP AROUND HER NECK AND KNEES TO KEEP HER IN A CROUCHED POSITION WHILE IN THE CAR. HE THEN DROVE HER CAR TO A SHED THAT HE HAD RENTED WHERE HE KEPT HER OVERNIGHT AND RAPED HER REPEATEDLY.

A. Financial, Service, and Confinement Conditions

NONE

1. Are all active conditions properly identified?
2. Were appropriate activities taken to enforce:
 - a. Restitution/fines/special assessments?
 - b. Community service?
 - c. CCC/EMP/home confinement?

COMMENTS: NO CONDITIONS ORDERED

B. Risk Control

RPI RPS 80 SFS (NONE)

1. Are all supervision conditions/issues properly identified?
2. Were appropriate activities undertaken to control the offender's level/type of risk?
3. Is third-party risk properly addressed?

YES

YES

YES

COMMENTS: S APPEARS STABLE. NO SPECIFIC 3RD PARTY RISK IDENTIFIED. HOWEVER, S' CRIMINAL HISTORY INDICATES A RISK TO WOMEN. [REDACTED]

C. Correctional Treatment

1. Are all supervision conditions/issues properly identified?
2. Were appropriate activities taken to address:
 - a. [REDACTED]
 - b. [REDACTED]
 - c. Employment/education issues
 - d. Financial issues
 - e. Other issues:

YES

N/A

N/A

N/A

COMMENTS: [REDACTED]

D. Is this case appropriate for transfer to Admin. Status?

NO

E. MSR's up to date? YES Chronos up to date? YES Record check? NO Conditions signed? YES
FBI flash notice? NO Two photos? NO

F. Mand. Address Notification?

NO

Mand. Drug Testing?

N/A

Mandatory Registration?

NO

G. Home Inspection?

YES

COMMENTS: NO INDICATION OF A FLASH NOTICE AS NCIC WAS NOT RUN FOR RECORDS CHECK. THIS SHOULD BE DONE ALL THE TIME. S IS SUBJECT TO BOTH MANDATORY NOTIFICATION AND LOCAL REGISTRATION. NO INDICATION IN FILE THAT THESE HAVE BEEN COMPLETED. SHOULD BE DONE IMMEDIATELY.

PURPOSEFUL CONTACTS: YES; REALLY GOOD JOB OF FOLLOWING UP ON RAPE AND MURDER CASE IN ANTIOCH. GOOD JOB OF ENSURING S WAS NOT SUSPECT OR

REDACTED

(B(6))/(B(7)(c))

INVOLVED. APPEARS S HAS BEEN CLEARED AS A SUSPECT.

REVIEWED BY: [REDACTED]

Date: 3-03-99