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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).

<u>Portions</u> 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

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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 to12/8/1995 (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,

Rockne J. Chickinell General Counsel

Roche Chickwell

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.

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 - 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)

F	rom:	
_		

Simerman, John [jsimerman@bayareanewsgroup.com]

Sent: To: Wednesday, February 17, 2010 6:03 PM 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

jsimeman@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. Garido; records of violation, sex offender registration notifications;

RECEIVED
FEB 2 2 2010
U.S. Parole Commission
Legal

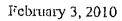
correspondence between Mr. Garrido and the department; descriptions, sketches, diagrams or maps of the property where he lived; records of correspondence among the commission and Nevada or California officials.

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



Cristina Valdivia News10 400 Broadway Sacramento, CA 95818

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

RE: POIA

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

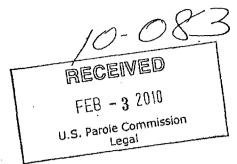
Please send those documents to 400 Broadway, Sacramento, Ca 95818 or via email to desk@news10.net.

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 New 10 400 Broadway Sacramento, CA 95818 916-321-3300



ov O Broadway cramento, CA 95818 6.441.2345

vs10.net



Isaac Fulwood, Jr. Lisa Walker U.S. Parole Commission P.O. Box 276506 5550 Friendship Blvd. Suite 420 Sacramento, CA 95827 Chevy Chase, MD 20815-7286 September 28, 2009 Secretary Matthew Cate California Department of Corrections c/o The Governor's Office State Capitol Building Sacramento, CA 95814 U.S. Parole Commission Legal Re: Phillip Garrido

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.

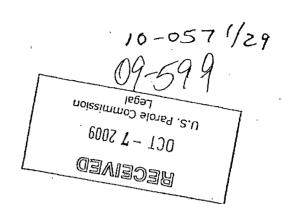
Sincerely.

Lisa Walker

Dear Chairman Fulwood, and Secretary Cate,

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.



3 Television Circle, Sacramento, CA 95814 916:446 3333

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-

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.

10-055 1/29

09-537

RECEIVED

SEP-4 2000

Legal

Legal

RENO GAZETTE-JOURNAL

MARTHA BELLISLE Legal Affairs Reporter

RGJ2

955 KUENZU ST.
P.O. BOX 22000
RENO, NY 89520-2000
TEL: 775,788.6327
FAX: 775,788.6458
CELL: 775,771,2968
TOULTEE: 888.294.6397
E-MAIL: mbellisle@rgj.com

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

RE: REOUEST TO INSPECT AND COPY PUBLIC RECORDS

RECEIVED SEP 28 2009 U.S. Parole Commission Legal

36377-136

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:

Any and all writings with respect toAny and all relevant information pursuant to 1. 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 Cole CBS 13 Reporter

916-919-3345

Laur M

2713 KOVR Drive West Sacramento CA 95605

50988

J713 KOVR DR West Social 95605



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

SEP 2 3 2009

U.S. Parole Commission Legal

10-053 1/29

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

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 dolinfolatimes.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 Stall Writer



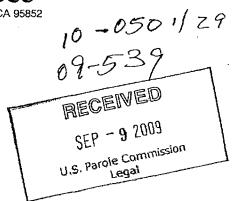
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	FOAT UNIT	Hunter	
	US PARNE Commission	301-492	-5563
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	4. "SECURED FACILITIES" 7	RISONS AND	STEPER PLACES
	THE INMOTE WAS INC		
	5. Names of Parde	agents who	risited
·	Girrado's home and	any reports	generated.
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	RECEIVED	che	5
	SEP - 2 2009 U.S. Parole Commission	/anl	yle .
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·	10-051-161	19th C	ANK Prosi Brown
		San France	on Get Ave dor, fress Rown
			aulm

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



10-049 1/29

	RECEIVED	
	SEP - 1 2009 U.S. Parole Commission	
igoon	U.S. Parole Legal	534

☑ Unge	nt	☐ For Review	□ Please Comment	☐ Please Reply	☐ Please Recycle
Re:	Phill	lip Craig Garrido	CC:		
Phone	914	-325-5018	Date:	9/1/09	
Fex	301	-492-5563	Pages	2	
To:	FOL	A Officer	From:	Stephen Loiscont	· · · · · · · · · · · · · · · · · · ·

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@tumer.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 SEP - 1 2009
U.S. Parole Commission
Legal

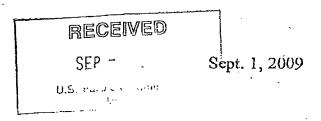
Fax Cover Sheet

MANYORKPOST

1/29 10-048 1211 Avenue of the Americas, New York, NY_10036-8790 SEP - 1 2009 U.S. Parole Commission 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 Page Six: (212) 930-8620 Photo desk: (212) 930-8505 Business: (212) 930-8271 Sports: (212) 930-8700 City desk: (212) 930-8500 Editorial / Op-Ed: (212) 930-8537 TV / Radio: (212) 930-8079 Entertainment: (212) 930-8600 Library: (212) 930-8735 Other:

MAINURGEUST

FOIA Unit
United States Parole Commission
5550 Friendship Blvd.
Suite 420
Chevy Chase, Md. 20815



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.

RECEIVED

SEP - 1 2009

U.S. Parole Commission Legal Lukas Alpert
New York Post

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

ARS1..... 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 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

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

COURT OF JURISDICTION..... NEVADA

DOCKET NUMBER..... R-76-88-BRT JUDGE..... THOMPSON B R

DATE SENTENCED/PROBATION IMPOSED: 03-11-1977 DATE WARRANT ISSUED

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

06-14-1994

14:01:49

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

REGNO.:: 363//-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	
TOTAL JAIL CREDIT TIME 0 TOTAL INOPERATIVE TIME 0 STATUTORY GOOD TIME RATE 10 TOTAL SGT POSSIBLE 6000	
TOTAL SGT POSSIBLE	
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: 11-20-1987 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	

PWXA2 540.23 × PAGE 005 OF 005 *

SENTENCE MONITORING COMPUTATION DATA AS OF 01-20-1988

凇 13:37:44

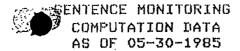
REGISTER NO: 36377-136 NAME: COMPUTATION NO: 010 FUNCTION:	
180 DAY DATE : EXPIRATION FULL TERM DATE	
PRESUMPTIVE PAROLE DATE. : PAROLE EFF VERIFICATION BATE. : NEXT PAROLE HEARING DATE. : TYPE OF HEARING. :	11-20-1987 11-01-1987
ACTUAL SATISFACTION DATE: ACTUAL SATISFACTION METHOD: ACTUAL SATISFACTION FACILITY: ACTUAL SATISFACTION KEYED BY:	PAROLE LOM

₹ 60000

TRANSACTION SUCCESSFULLY COMPLETED

DAYS REMAINING. : 143

LUNA3 540*23 * AGE 001 *





05-30-1985

09:52:10

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

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

RS1: LVN A-DES

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

HE 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 -----

OURT OF JURISDICTION..... NEVADA

UDGE..... THOMPSON B R

HATE SENTENCED/PROBATION IMPOSED: 03-11-1977

ATE WARRANT ISSUED..... N/A IATE WARRANT EXECUTED..... N/A

ATE COMMITTED..... 05-03-1977

IDW COMMITTED..... US DSTRT CRT (USC/DCC OFFENSE)

ROBATION IMPOSED...... NO

PECIAL PARULE TERM..... ION-COMMITTED FINES/COSTS....:

60002

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

ESTITUTION IMPOSED - PROPERTY: SERVICES: AMOUNT:

_____ OBLIGATION NO: 010 ----

OFFENSE/CHARGE: KIDNAPING 18 USC 1201

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

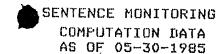
-SENTENCE IMPOSED/TIME TO SERVE.: 50 YEARS

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

FEDERAL CUSTODY TO SERVE 04-11-1977

MORE PAGES TO FOLLOW

LVNA3 540*23 * FAGE .002 OF 002 *



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

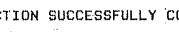
DATE COMPUTATION BEGAN..... 04-11-1977 TOTAL TERM IN EFFECT..... 50 YEARS TOTAL TERM IN EFFECT CONVERTED. .: 50 YEARS

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

TRANSACTION SUCCESSFULLY COMPLETED



•		
iited States o	America vs. United to	District Court
	PHILLIP CRAIG CARRIDO DISTRICT	OF NEVADA
EFENDANT	λ	
	L booker No.	
	LUDGMENT AND PROBATION COMMITME	NA OBREGATION
		CARLES THE STATE OF THE STATE O
	In the presence of the attorney for the government	MONTH DAY YEAR
	the defendant appeared in person on this date	MARCH 11, 1977
COLINIES	WITHOUT COUNSEL. However the court advised defendant of right to counsel	•
COUNSEL	WITHOUT COUNSEL However the court advised defendant of right to counsel have counsel appointed by the court and the defendant there.	
	X WITH COUNSEL Willard Van Hazel	
	(Name of counsel)	
PLEA	GUILTY, and the court being satisfied that	, LX NOT GUILTY
رسيد درور مرسات دود		
	There being and any starting of LX_I GUILTY. Defendant is discharged LX_I GUILTY.	
	Defendant has been convicted as charged of the offense(s) of violation of	Com 1201/n1/21
FINDING &	U.S.C Kidnapping.	Sec. Izoliajiji,
JUDGMENT	The same of the sail of the sa	tion to the state of the state of
• •	The property of the control of the c	O. I. EXEMPT
	The first of the second of the	
	The court asked whether defendant had anything to say why judgment should not be pronounce was shown, or appeared to the court, the court adjudged the defendant guilty as charged and hereby committed to the custody of the Attorney General or his authorized representative for imp (50) YEARS.	convicted and ordered that: The defendan-
· · · · · · · · · · · · · · · · · · ·	(50) ILARS.	
SENTENCE		$(A_{ij},A_{ij}$

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.. ...

U.S. DEPARTMENT OF JUSTICE United States Parole Commission

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 JUSTIA UNITED STATES PAROLE COMMIS

NAME: GARRIDO, Phillip Craig

REG. NO: 36377-136

DATE SUPERVISION BEGAN: 01/20/1988

Please initial the appropriate alternative(s):

Witness

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.

my release.	th a personal hearing and understand that I understand that the U.S. Parole Comminarlier than my full term date, I may rehearings every two years thereafter.	ssion will review my record annually	and if I am not terminated
I wish to h release).	ave a personal hearing to present my vie	ws relative to possible early termin	ation of parole (mandatory
A.	I do not wish an attorney or witnesses.		•
В.	I will obtain an attorney or other person responsibility to keep my attorney advise		
C _c	I will have voluntary witnesses appear.		
D.	I wish an attorney but cannot afford one. I understand that it is my responsibility hearing.		
E.	I wish to have the following adverse withe and official titles):	esses present for confrontation or cro	es examination (list names
Witnes	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



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.

Ø4-29-93 (DATE) SOUTH CENTRAL (REGION)

GETTY (COMMISSIONER) mg (DOCKET CLERK)

cc: USPO Joseph Lopez Oakland, CA 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. PROIR 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 herion 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

United States Parole Commission Chevy Chase, MD 20815



NOTICE OF CTION

Name		Sarrido, Phil	lip Craig		· · · · · · · · · · · · · · · · · · ·		
Register Number	36377-136		Institution				
In the case of the above-n	amed the following paro	le action was ord	ered:			:=	e ·
(B(6)/(B(7)(c	(B(6),	/(B(7)(c)					•
	:		1				
		5	٠				
A presumptive parole date elease plan. Prior to release xplanation of special cond	ase your case will be sub	ject to review to	ascertain that t	conduc hese con	t and the	development of save been fulfill	f a suitabled. For a
(Reasons/Conditions)		•					
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PLEASE SEE REVERSE	STDV	•				•	
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SALIENT FACTOR SCORE (SI	FS 811: Your individual salient	t factor score items h	ave been compute	d as show	wn below. F	or an explanation	of the salie
actor score items, see the revers	e side of this form.		•				
ITEM A []; B []; C[;()*]; D[]; E[];	F[]; Total Sco	r e {
*If five or more prior con	nmitments, place an 'x' i	n the parenthesis	in Item C.				
					·		
Appeals procedure: You n	nay appeal a decision to	the Regional Con	imissioner und	er 28 C	FR 2.25;	except as noted	below:
EXCEPTIONS:							
	decision is appealable to						
	is an original jurisdiction VE DECISION IS NOT		appealable to	the Cor	nmission	under 28 CFR	2.27;
You may obtain appeal for this Notice was sent. Copie also be sent to the sentence	rms from your caseworkers of this Notice are sent to	r and they must by your institution	and/or your p	robatio:	n officer.	thin thirty days In certain cases	of the da copies m
9-1-88		WESTERN				1ar	



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

None = 3; One = 2; Two or three = 1; Four or more $\dots = 0$

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 Justic — E United States Parole Commission Chevy Chase, Maryland 20815 4 4 194 188



UNITED STATES PAROLE COMMISSION:

remaining to be served.

Chevy Chase, Maryland 20815 4 4 Ph 18 western region

Certificate of Parole Accisco Region

The same of the sa	N Company	-
ENT OF THE PROPERTY OF THE PRO	· ·	
Know all Men by these Presents:	ving been made to appear to the United States Parole	Commission
that Phillip Craig Garrido	, Register No36377-136,	a prisoner in
United States Penitentiary		
substantially observed the rules of the institution, not depreciate the seriousness of this offense or	is eligible to be PAROLED, and in that so, and in the opinion of the Commission said prisoner's repromote disrespect for the law, and would not jeopardic States Parole Commission that said prisoner be PA	elease would ze the public
*January 20	, 19.88_; and that said prisoner is to remain within	the limits of
District of Nevada until	April 10 ,** 2027	•. •
detaining authorities, if detainer is not exercised, parol effective February 20, 1988 to the community.	By Ms. Jerniert, Case And Initial Risk Category good (SFS:6)	nalyst
Advisor		
Probation Officer Fred C. Pierce, C	DSPO, Las Vegas, Nevada	
copy thereof. I fully understand them and know special conditions may be added or modification notice required by law. WITNESSED WITNESSED	ons of release printed on the reverse of this certificate any that if I violate any, I may be recommitted. I also un ons of any condition may be made by the Parole Committed. 3637736 (Register Number)	derstand that
Servor Case Mana	sen 1-19-1988	

The above-named person was released on the 20th day of January, 1988 with a total of 14325 days

PAROLE FORM H-8

SEP. 83

CONDITIONS OF RELEASE



- 1. You shall positive by 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 <u>Probation Officer</u>, 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 release 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

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 Garrio

36377-)36 REGISTER NUMBER

- pw/hrscs

DATE

a a m

TITLE

DISTRIBUTION

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



PAROLE FORM H-7 AUG. 85

Chevy Chase, MD 20815

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. Poarole effective February 20, 1988 to the community

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

(B(5)/(B(7)(c)

(8(6)/(8(7)(c)

(REASONS/CONDITIONS)

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)

(8(6)/(B(7)(c)

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

November 20, 1987

WESTERN (REGION) Armstrong (COMMISSIONER)

tmm (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. PROIR COMMITMENTS OF MORE THAN THIRTY DAYS (ADULT OR JUVENILE)

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

ITÉM 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 (3.1)/(31

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 herion 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 Harrido, Phillip Crai.	
Register Number 36377-136	Institution USP Lampec
with regard to parole, parole status, or mandatory release	·
Schedule for an inj	person heaving
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	10.27.81
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Date 220087	
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Date	
	(Decise see(5))
(Date Notice sent)	(Region-specify)
	National Appeals Board
	(check)
	National Commissioners
•	(check)
	Full Commission
	(check)

U.S. Department of Justice United States Parole Commission

Name Garrido, Philip (and		1	(-21 -0)
Reg. No. 36 372/36	1			1150 1 000
the state of the s		.	Institution _	, , , , , , , , , , , , , , , , , , , ,
Hearing Type: Initial SIH		Revocation	· · · · · · · · · · · · · · · · · · ·	Rescission
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COMMENTS BY REGIONAL ADMINISTRATOR	₹:		(Name)	<u> </u>
somme with	med		all	ina
date above 6 Ch	1	(B(6)/(B(7)(c)	at	134 mm
Intertalla		Land	ala	Lane
(B(6)/(B((7) (c)			
topa sale ce	. Se	Tere	~ %	alung.
I dant see	1	men	14	refer
under 05.				
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	2)(3)			
CTION BY REGIONAL COMMISSIONER:	71.4		-18-8	7
CHON BY REGIONAL COMMISSIONER.	as a second	(Name)		
Agree with: (1)	(2)		(3) _	
(The Panel)	4.4.5	(RA)		(Examiner—by Name)
Refer to National Commissioners 28 CFR §2.24	1 (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)				
Remand for rehearing: 28 CFR §2.24 (b)(3) Other	And the second s		,	
			,	
Other				
Other			,	
Other				
Other				



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

ORDER

Name Garriso, Phillips Grang		·
Name Barriso, Phillips Graig Register Number 36377-136	Institution USP Long	we
In the case of the above-named, the Commission has carefu with regard to parole, parole status, or mandatory release	status is hereby ordered:	· .
Refer to Regional formanion	for Original Jurisde	ction consideration
Remon: 2.17 (b) (4)	1	
(1)	(b)(2)	
Date November 5, 1987	· ·	
Referral to National	Communica	u not
_ Oleaned Zvavi	(h)(2)	
· · · · · · · · · · · · · · · · · · ·	CONCE	
	(b)(2)	11-18-87
Date		-
(Date Notice sent)	(Reg	ion-specify)
	National Appeals Board	(check)
	National Commissioners	(check)
	Full Commission	(check)



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

76299 ORDER

MENT OF SOM		
Name Sarrieto Phillys Craig		
Register Number 36 377-136	Institution USP Lowpoc	
n the case of the above-named, the Commission has careful vith regard to parole, parole status, or mandatory release	lly examined all the information at its disposal and the follo	wing action
``	one hundred thirty four moreho, Jes detaining authorities; if detainer is	v
	ug 20, 1988 To the community with	
(B(6)/(B(7)(c)	The special CTC condition	
(B(6)/(B(7)(c)		
and the second s	(b)(2)	
Date November 5,1987		
Pate November 5,179 III	(b)(2) 1/-	18-87
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U. S. F.	-	
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NOV 20 1987	WESTERN	
(Date Notice sent)	(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

Parole Certificates
GARRIDO, PHILLIP CRAIG
REG. NO. 36377-136

)ate

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.

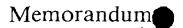
Please have subject execute these certificates and consent forms, if applicable, on, or as soon after the parole date indicated on the face of the certificate as possible, as subject will not be in parole status until the certificates have been signed by him/her. When the Probation Officer and the Community 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.

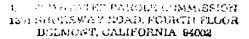
Attachment: Parole Certificate

cc:

CUSPO, Las Vegas, Nevada: For your information

(B(6)/(B(7)(c) PM, Phoenix, Arizona: For your information







Subject

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

From

United States Penitentiary Lompoc, California

Parole Commission - WRO

January 14, 1988

Date

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)

CHIEF PROBATION OFFICE

SAN FRAMENISAS 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

August 30, 1988 ji iu 1, 14 60

(B(6)/(B(7)(c) Dear 🚮

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

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

> 415-556-0200 FTS: 556-0200

UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA PROBATION OFFICE

June 1, 1989

1830 Broadway, Suite 400 Oakland, CA 84612-2504 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

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

Acting Deputy Chief

U. S. Probation Officer 350 South Center Street Suite #401 Reno, Nevada 89501

> RE: CARRIDO, PHILLIP CRAIG Reg. No. 036377-136

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

Dear Mr.

(b(6)/(5(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 <u>District of Nevada</u>. 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.



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

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		Keg. No	6377-136
Date of Last Release on Parole/Re-Parole	16, 1988	JAH 24 12 0	16, Hd e
•		1.5. PAR	OLE
Type of Commitment Adult YCA I Juvenile	e LI NARA	Other AN FRANCISC	ion O region
Original Offense Kidnapping			
Sentence Expiration Date April 10, 2027	Spec	ial Parole Term to Follow?	No Yes
On Special Parole Term Since: N/A			
Period Covered By This Report: From: December 16	1988	To <u>Dec</u>	ember 1990
Total Months in Community Since Date of Last Release*_	24	Months in Community Since	e Last Difficulty** 24
☐ Fine \$ *Restitution \$	\$		U.S.C. 3579
☐ Support/or other (specify) *(If restitution we	as ordered ur		U.S.C. 3651
		•	
☐ Judgment & Commitment Order Payment & Terms Spec	cinea:		
Other Agreement (Specify with whom):			·
Total Paid to Date: This Report Period	j:		
•			
Payment Schedule Met: Yes No (If no, has AUSA been notified of current employment and	income? Expl	ain in evaluation.)	
Forth Touristics Original Residence (Cl. 1.0.)			
Early Termination Guidelines Specify (Check One):		Recommendation Continue Sup	
SFS Category (Very Good): = 24 months	Continuous Time Difficulty Free	☐ Terminate	· · · · · · · · · · · · · · · · · · ·
SFS Category (Other): = 36 months	In Community	☐ Set Aside Co	nviction-YCA only
Evaluation and Reasons (Please provide your case eval	luation inch	dina annifa	
termination guidelines	uaiion incii	winy specific reasons, tor	any recommendation outside
			(B(6)/(B(7)(c)
	distriction of the second		((())(0)
	٠.		
*Do not count any time in confinement. In special parole cases, count all time since release from **For purposes of this report "difficulty" is defined as (1) any indication of new criminal behavior (in	prison.	se underhine circumstances show substantial e	uidance of low wholestion even though there is no convictin
or parole revocation), or (2) a violation of perole canditions significant enough to have been rep	ported to the Commiss	ion on a Special Violation Report.	The state of the s
District of California / Northern		Date	January 16, 1991
Mailing Address 1330 Broadway, Suite 400, 0	akland. C	alifornia 94612	
(R(6)/(B(7)(c)			(B(6)/(B(7)(c)
U.S. Probation Officer Name Typed or Printed		Signature	· · · · · · · · · · · · · · · · · · ·

Arrests Since Date of dispositions where po	Last Release: (Give date	e of arrest, offense, and	date arrest was reported	to the Commission by	letter. Give
dispositions where po	33(0)66.)	the same of the sa			
		(B(6)/(B(7)(c)			
	·			·	
		•			
		4 · · · · · · · · · · · · · · · · · · ·			
n	i constituente con	-	(8(6)/(8(7)(c)		
Present Level of Supe					
(Explain any significa	nt deviation from super	vision guideline standar	ds).		
			(B(6)/(B(7)(c)		
_					
nesponse westpervisi and stability of curre	non During This Report of employment, drug of	ug reriou: (priejty note r alcohol program atte	e response to supervision adance or problems, or c	covering living situat	ion, nature
adiustment. Note anv	problem areas.)		auto or production or	since factors of strop	ig or weak
	!				. :
	:		(B(6)/(B(7)(c)	!
•					
	• •				
			• .		
Parole Commission C	Comments:				
•					;
	•				
			(B(6)/(B((7)(c)	
ر در در معامل می در			and the second s		AND THE RESERVE OF THE PARTY OF
			•		
(B(6)/(B(7	')(c)		•		
No Cha	nge I schedule fo	r five year termination he	arinol.		
·			a second many the		
Termina	ate Supervision [Set Aside Conviction-YCA	A only]	(2)	
	<u>v-4/</u>		CD		
Date	• •		Regional C	Commissioner	allene . T
Instructions: (1) This report shall be	completed after one year	of active supervision and	l annually thereafter for eve	ry parolee and mandat	ory
releasee and mailed to t	he Parole Commission. N	o report is required, howe	ever, within three months of	the end of the supervis	ion

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 Lansas.



Subject		Date
	Saudo, Philip	212-91
	Reg. No. 36377-136	
Tet		
To	(B(6)/(B(7)(rion
	U. S. Probation Officer	(B(6)/(B(7)(c)
	1330 Broadway	Case Analyse man
	0	Case Analyst Trainee U. S. Parole Commission
	Dte. 400	1301 Shoreway Rd., 4th Floor
	Danlard, CA 94612	Belmont, CA 94002
Part]	I: We have received your fo	llowing:
	etterSupe	rvision Report Condition
Tr	ravel Request Prel nformant Request Viol	iminary Interview Modification ation Report Other
Dr	rug Usage Report Viol	ation Report Other
	II: We have taken the indica	ted action.
	•	
No	oted and filed. No further a	ction or response.
n_	it take no action per your r	PCOMmendation
Wi	.11 take action per your reco	mmendation.
	11 take action other than you	ur recommendation.
	Issue Warrant	Issue Summons
	Letter of Reprimand	Modify Conditions (NOA)
	Other	(HOA)
Part I	- Compared Our process.	ing of your report, we need the
	following material:	
F-	1 F-6 Arre	est Reports Dana Lab Glim
F-	2 CJA-22 Pred 3 J & C Rele	est Reports Drug Lab Slips lim. Interview File Material
F-	J&C Rele	ease Cert Other
Cont		
GIU	Linue Depension	
****	****	
Part I	V: USPC Agency Use	************
1) Tic	kle Date	Section
2) Tic	kle Date	Requester
3) Tic	kle Date	

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

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

- XX 1. Please assume custody as soon as possible or when located. MOTE: 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.
- See attached special instructions.

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

Copy to

(8(6)/(8(7)(c

1330 Broadway, Suite 400 Dakland, 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

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

Hallas

A.S. Bepartment of Justice United States Parole Commission



A X 214 / 767-6259 PTS 729-6259

525 Griffin Street, Suite 820 Dallam, Texam 75202-5097

TELEPHONE 214 / 767-0024 PTS 729-0024



TO:	SUSPO OAKLAND		
SUBJECT: DATE:	PEQUEST FOR PI 04.06-93		
FROM:	(B(6)/(B(7)(c)		
DEPT:	U.S. Parole Commission		
OFFICE :	Dallas, TX		

SUBJECT:	GARRIDO,	HILLIP REG.	NO	36377-1	136	
ARRESTED:	04-01-93	LOCAT	rion:	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 ther is need to grant postponement. Attached is the Warrant Application. Your cooperation is appreciated.

10 40 93 XXXX 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 , OAKLAND, CA ON 04/30/93

PLEASE CONTACT TO CONFIRM RECEIPT OF THIS TWX AT

(8(6)/(8(7)(c)

NOTICE OF ACTION WILL FOLLOW BY MAIL.

THANK YOU FOR YOUR ASSISTANCE.

(8(6)/(8(7)(c)

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



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. $\frac{(B(6)/(B(7)(c))}{(B(7)(c))}$

Effective 04-29-93 issued an order on the above named subject which reads:

Release forthwith. Withdraw warrant dated March 18, 1993. Reinstate to supervision electronic monitoring for 120 days. (8(6)/(B(7)(c)))

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

Your cooperation is appreciated.

Sincerely,

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

Case Analyst

(8(6)/(8(7)(c)

cc:

Oakland, CA File/Chrono

78:63/13/73(c)

Name Phillip GArrido	Reg	. No. <u>36377-136</u>	
Date of Last Release on Parole/Re-Parole 1-20-88			
Type of Commitment X Adult YCA	Juvenile NARA Other	er	
Original Offense Kidnapping			
Sentence Expiration Date 03-10-2027	-		
On Special Parole Term Since:			
Period Covered By This Report: From: 12-90	To	94	
Total Months in Community Since Date of Last Re			** 6
_ Fine \$ *Restitution	181	U.S.C. 3579	co
Support/or other (specify) *(If restitution	on was ordered under what Title)	18 U.S.C. 3651	
outpoint outer (speegy) (y , comman	na oracioa maci mai inacy	. i	en grand Garage de la caracterista de La caracterista de la caracterista
Judgment & Commitment Order Payment & Ten	rms Specified:	,	. <u> </u>
		<u> </u>	u
		· · · · · · · · · · · · · · · · · · ·	<u> </u>
			5 3
Total Paid to Date: This Report Per	iod:		0
Payment Schedule Met: Yes No (If no, has AUSA been notified of current employment)		ation.)	JUN 1 6 1994
Early Termination Guidelines Specify (Check One):		Recommendation: x Continue Supervi	ad propried
SFS Category (Very Good): = 24 months	Continuous Time	_	
x SFS Category (Other): = 36 months	Difficulty Free In Community	Set Aside Convicti	
	·		
Evaluation and Reasons (Please provide your case guidelines.):	evaluation, including specific rea	sons for any recommen	dation outside termination
		(8(6)/(B(7)(c)
* Do not count any time in confinement. In special parole cases **For purposes of this report "difficulty" is defined as (1) any is evidence of law violation even though there is no conviction or Commission on a Special Violation report.	ndication of new criminal behavior (includi		
District Northern District of California		Date April 29, 19	994
Mailing Address 1330 Broadway, Suite 400,	Oakland, CA 94612-2504		
The state of the s		(6)/(B(7)(c)	•
U.S. Probation Officer		(0)/(3(7)(C)	
Name Typed	or Printed	O American	ignature
Traine Types	A second	and the same	PAROLE FORM F-3
Reviewed and Approved By:	A STATE OF THE STA		NOV. 85
Supervising U	J. S. Probation Officer	(B(6)/(B(7)(c)	_ 1.0 (. 0)

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

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.

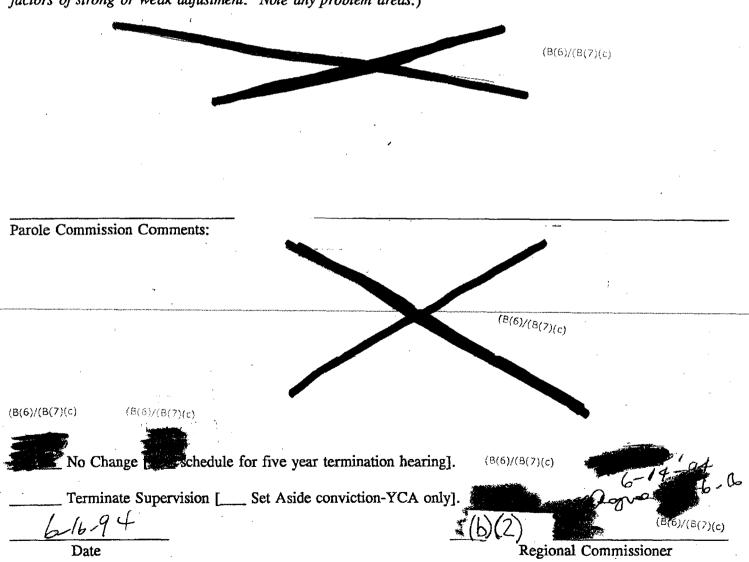
(B(6)/(B(7)(c)

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.)



[1] This report shall be completed after one year of active supervision and annually thereafter for every parolee and mandatory releases 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 Perole 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 of less-to determine if early unconditional discharge should be granted to set saide the conviction.

[3] In court-mertial cases under jurisdiction of the Perole Commission a copy should be mailed to the Office of the Commandant, U.S. Disciplin

EQ8XW PAGE 001 PUBLIC INFORMATION TWMATE 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 FAR ACTUAL RELEASE DATE.: 08-31-1993

		ADMIT/RELEASE HIST	DRY		
FCL	ASSEGNMENT	DESCRIPTION	SWART DATE /1	PTME	STOR. DÁMEZMÍZAM
CSE	PL PAR	PODDIC GUN KÜD-INKOTER	00-2T-TAB	0080	CURRENT
CSF.	A-AC SURV	HOME CONFINEMENT-SUPERVISION	05-10-1993	1.600	08-31-1993 0800
4-I	RELEASE	RELEASED FROM IN-TRANSIT FACL		1900	05-10-1993.1900
4-I	A-ADMET	ADMITTED TO AN IN-TRANSIT FACL	04-29-1993	1956	05-10-1993 1900
PLE	HLD REMOVE	HOLDOVER REMOVED	04-29-1993 1	1656	04-29-1993 1656
PLE.	A-HI,D	HOLDOVER, TEMPORARILY HOUSED	04-02-1993 1	1829	04-29-1993 1656
CSE	EXPIRATION	EXEIRATION OF SENTENCE	12-16-1988 C	1600	04-02-1993 1829
CSE"	A-DES	DESIGNATED, AT ASSIGNED FACIL	08=29-1988 1	1050	12-16-1988 0600
LOM:	PAROLE	PAROLE FROM PAR COM OR CT	01-20-1998 1	1330	08-29-1988 1050
LOM	A-DES	DESTENATED, AT ASSIGNED FACIL	03-19-1986 1	307	01-20-1988 1330
A01	RELEASE		03-19-1986 1	607	03-19-1986 1607
A01	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACL	03-19-1986 0	924	03-19-1986 1607
ERE	HID REMOVE	HOLDOVER REMOVED	03-19-1986 0	0824	03-19-1986 0824
ERĘ	A-ULD	HOLDOVER, TEMPORARILY HOUSED	03-17-1986 1	500	03-19-1986 0824
SOL	RÉLEASE	RELEASED FROM IN-TRANSIT FACL	03-17-1986 1	600	03-17-ま9時春 さん00
501	A-POMIT	ADMITTED TO AN IN-TRANSIT FACL	03-17-1986 0	815	03-17-1986 โดกก
LVŃ	TRANSFER	TRANSFER	03-17-1986 0	715	03-17-1986 0715
TAN	A-DES	DESIGNATED, AT ASSIGNED FACIL	12-11-1980 1	305	03-17-1986 0715

WXR03 PAGE 002 PUBLIC INFORMATION INMATE BATA AS OF 08-31-1993

09-03-2009 06:26:05

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

RESP OF: CSF / PUBLIC LAW REL-PAROTEE

PHONE .: N/A FAX: N/A
THE FOLLOWING SENTENCE DATA IS FOR THE IMMATE'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

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

------PRIOR OBLIGATION NO: 010 -----OFFENSE CODE: 211

OFF/CHG: KIDNAPPING, 18 USC 1201

DATE OF OFFENSE: N/A

WXR03 PAGE 003

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

09-03-2009 06:26:05

REGNO.:: 36377-138 NAME: GARRIDO, PHILLIP CRAIG

RESP OF: CSF / PUBLIC LAW REL-PARC PHONE: N/A FAX: N/A PRIOR COMPUTATION NO: 020	
COMPUTATION 020 WAS LAST UPDATED ON 05-11-1993 AT CSE	AUTOMATICALLY
THE FOLLOWING JUDGMENTS, WARRANTS AND OBLICATIONS ARE PRIOR COMPUTATION 020: 020 010	INCESSED IN

TOTAL JAIL CREDIT TIME. : 0
TOTAL INOPERATIVE TIME. : 0
STATUTORY GOOD PIME RATE. : N/A
TOTAL SET POSSIBLE. : 0
PAROLE ELIGIBLEITY : N/A
STATUTORY RELEASE DATE. : N/A
TWO THIRDS BATE : N/A
180 DAY DATE: : N/A
EXPTRATION 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 KEXED BY...: KSD

DAYS REMAINING.....: 6
FINAL FUBLIC LAW DAYS...... 0

WXR03 PAGE 004

PUBLIC INFORMATION INMATE DATA AS OF 01-20-1988 -

09-03-2009 06:26:05

REGNO. : 36377-436 NAME: GARRIDO, PHILLIE 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
JEDGE: THOMPSON B R
DATE SENTENCED/ERGBATION IMPOSED: 03-11-1977
DATE WARRANT ISSUED: N/A
DATE WARRANT EXECUTED: N/A
DATE COMNITTED: 05-03-1977
HOW COMMITTED: US DESTRICT (

HOW COMMITTED.: US DESTRICT COURT COMMITMENT PROBATION IMPOSED. : NO SPECIAL PAROLE TERM.

RESTITUTION ...: PROPERTY:

SERVICES: AMOUNT: \$00.00

PRIOR OBLIGATION NO: 010 OFFENSE CODE 211 OFF/CAS: KIDNAPPING, 18 USC 1201

SENTENCE PROCEDURE...... 4205(A) REG ADULT-ORIG TERM GRIR THAN LYR

SENTENCE IMPOSED/TIME TO SERVE.: 50 YEARS

WXR03 * PAGE 005 OF 005 *

PUBLIC INFORMATION INMATE DATA AS OF 01-20-1988

09-03-2009 06:26:05

PEGNO. : 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 INCERDED IN PRIOR COMPUTATION 010: 010 010

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

TOTAL JAIL CREDTE TEME 0

TOTAL INOTERATIVE TIME 0

STATUTORY GOOD TIME MATE 10

TOTAL SET POSSIBLE 6000

PAROLE ELIGIBLITY 04-10-1987

STATUTORY BELIASE DATE 11-05-2010

TWO INTROS DATE 04-10-2007

180 DAY DATE 10-12-2026

EXELERATION FULL TERM DATE 04-10-2027

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

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

50039

ALL CURRENT COMPS ARE SATISFIED

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AITED STATES DISTRICT CLART

NORTHERN DISTRICT OF CALIFORNIA PROBATION OFFICE

CHIEF TOBLATION OFFICE

U.S. COURT HOUSE 480 GOLDEN GATE AVENUE BOX NUMBER 36057 SAN FRANCISCO 94102 415-356-0200 FTS: 556-0200

September 7, 1988

POST OFFICE BUILDING 201 ISTH STREET P.O. BOX 719 CAKLAND 94604 415-273-7101 FTS 536-7101

PLEASE REPLY TO:

OAKLAND

RECEIVED AND NOTED

SEP 09 1983

SEP 09 1983

U.S. PROCHAILLY ADA

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

(MONTE, Mas.

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

((NS)/2007/20)

On this date we received your request for assistance in the above-captioned case. The matter has been assigned to
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

Supervising U.S. Probation Officer

NORTHERN DISTRICT OF CALIFORNIA PROBATION OFFICE

September 13, 1988

CHIEF PROBATION OFFICER

U.S. COURT HOUSE A 450 GOLDEN GATE AVENUE BOX NUMBER 36587 SAN FRANCISCO 94102 415-556-0200 POST OFFICE BUILDING 201 13TH STREET F.O. BOX 719 OAKLAND 94604 . 415-273-7101 FTS 536-7101

FTS: 556-0200

OAKLAND

1876)/18(10)Ab)

RECEIVED AND NOTED

SEP 16 1983 U.S. PRUBADO A OFFICE RENO, NEVADA

PLEASE REPLY TO:

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

(Brunning A.C.)

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

78(6)/(5(7)(6)

图像水板_{色线}

Dear - 1 (8(5)(5)

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.

Garrido's mother and wife resides 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,

U. S. Probation Officer

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

(E) C 27 EV PAGE

UNITED STATES DISTRICT COURT

DISTRICT OF NEVADA

PROBATION OFFICE

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

SUITE 500, PHOENIX BUILDING 330 SOUTH THIRD STREET LAS VEGAS, NEVADA 89101-6032 702-388-6428 FT5 598-6428

CHIEF PROBATION OFFICER

January 4, 1989

Start British

REPLY TO Reno Office

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

RECEIVED

JAN 11 1989

Attention: *

U.S. Probation Officer

LL S. PKUBATION OFFICE NORTHERN DIST. CALIF: OAKLAND

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

FILE TRANSFER

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 statistical material initiated in your district SO no 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,

Chief U.S. Probation Officer

Acting Deputy Chief

14.65 Accept 19

U.S. Probation Officer

Enclosure

FILE COPY

1330 Broadway, Suite 400 OAKLAND, CA 94612

:8(6)/(8(7)(c)



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

Dear Marie

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.

Phease advise if there is anything else needed to get this case propely 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, $(B(C))/(B(T)/\epsilon)$

U. S. Probation Office

{8(6)/(8/7)(n)

Attachments

Washington, D. C. 20537	Date	July 27, 1989		
Affention: Identification Division				
E: Name _GARRIDO; PHILLIP CRAIG	•			
FBI#		,		
Arrest # (OCA)		•		
Date of Arrest				
Date of Birth			4.	
Place of Birth Pittsburg, California	· .			
Arresting Agency (Contributor of Fingerprints)		•		
· · ·	:			
A Form I-12 flash notice was previously submit u.S. Probation Officer, Rano, Navada (city, state)	· ·			
ould be notified of any information received concerni		dual. Subject's	supervision has	
rould be notified of any information received concerni	ing this indivi	dual. Subject's sobation Officer	supervision has	
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hould be notified of any information received concernion been transferred to the following new locale: OHECK OBLY IF IDENTIFICATION RECORD DESIRE	U. S. Pro CHIEF U.S. 450 Golder Color alors San Francis (city, state,	PROBATION OF COMPANY AND CONTRACT OF COMPANY AND CONTRACT OF CONTR		

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

8(6)/(B(7):2)

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



March 3, 1995

PLEASE REPLY TO:

1301 CLAY STREET SUITE 2208 OAKLAND, CA 94612-5208

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

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.

(b(b)/:B(2yc)

Sincerely,

Sr. U. S. Probation Officer

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NORTHERN DISTRICT OF CALIFORNIA PROBATION OFFICE

CHIEF PROBATION OFFICER

(数)或效量等 (方

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



May 17, 1999

PLEASE REPLY TO:

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

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

FILE COPY

Mr. Phillip Craig Garrido

(8/6)/(8/2)(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,

(Growin zale)



Sr. U.S. Probation Officer

18(6 //8(7)(n)

NORTHERN DISTRICT OF CALIFORNIA PROBATION OFFICE

(8)6)//[M7](6)8)

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



May 20, 1999

PLEASE REPLY TO:

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

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

FILE GOPY

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

reisona armany

()

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

10[50/90]975

Benchman Berger

Dear

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

18/6/48/77/69

Sincerely,

U.S. Probation & Parole officer

48(6)V(B(7)(d)

ELECTRONIC MONITORING REFERRAL

TO: Bureau of Prisons	With the second
CLIENT NAME: Phillip Garrido	USPO:
ADDRESS:	JUDGE: U.S. Parale Comm.
	U.S. MARSHAL'S NO.:36377-136
WORK PHONE:	SENTENCING DATE: Parole 4106.
WORK PHONE:	REQUESTED START DATE: ASAP
	Client Informed of Supervision Fee Requirement:
Employer Aware of EMP: \mathcal{N}/\mathcal{A} SUPERVISOR:	CONDITIONS: Community Service: hours VJA
Approval to Work Overtime:	FINE: \$ N/A
OFFENSE: Kidnapping	RESTITUTION: \$ MA (STENARY SEE)
Length of Sentence: 50 yrs.	DRUG OR ALCOHOL TESTING:
,	OTHER:

SPECIAL COMMENTS ABOUT THE CASE:

Follow up Activity (for FMP use)

CENTRAL FILES ROUTING CHECKLIST

		Step 1: FILE TYPE (to be completed by Officer)
	Initials	
	C	Straight CUSTODY case <u>following initial sentencing</u> 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)
_	0	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)
7-13 /(6 (7)/c)	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)
	Date	Step II: EXPIRATION DATE (for File Types L, E, I only) (to be completed by Officer)
•	Dutt	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
Yana		
		ep III: FILE CHECKLIST (to be completed by Secretary)
	Initials (1979)	7(B(2)pc)
		Final filing completed
		File Purged
		Meets District File Standards
	1/	Lained to Main File With Same Docket Number
		Pained to Midit Life Antit Source Docket Aminosi
Se	ent by:	Date: 68(6)/(8(7)/c)

TANKE C. S. da	P	7
NAME GC (1) 0°	PACTS	·
1,55	Remove to Warrant Status	
Supervision PO →	SUSPO →	PSA
Fill out P4 P4 to stats	Review file & wait for P4	Organize file
Central Files checklist (not Oakland venue)	Write date warrant issued on file File to PSA	Central File cklist (not Oakland venue)
File to SUSPO	rue to rsA	Enter destination in PACTS Client Index/remarks
116 to 50510	•	File to Central Files(not Oakland venue)
	•	File-Oakland fileroom(Oakland venue)
Initial/Date:	Initial/Date:	Initial/Date:
	Treaty Cases (CUSTODY)	
Investigating PO //	→ PSA	
Investigation of	Purge & Organize fi	le
If releasing to Another District:	If releasing to Another	
_ File to PSA	Enter destination in P	
	Index/remarks	•
If releasing to ND/CA	_ Mail cover letter & fil	
Wait for NOA Sentencing	If releasing to ND/CA:	
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File to PSA	Enter destination in I	PACIS Client
777	Index/remarks File to Central Files	•
	rile to Cellulai riles	•
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Central Files checklist	File to SA	Enter destination in PACTS Client
File to SUSPO	60	Index/remarks File to Central Files
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Milia/Date.	Revocations	
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Supervision PO →	SUSPO	PSA
Fill out P4 to stats	Review file & Wait for P4	Purge & organize file
Wait for NOA or J&C Central File checklist (not if under 30 days	Write type of expiration on File _ File to PSA	Cancel Flash Notice Central File checklist (not if under 30
if supervision to follow)	·	days if supervision to follow)
BOP Sent SentComm, Packets		Enter destination in PACTS Client
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-	. ,	File to Central Files(not if under 30 days
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	istody Cases Directly From Co	
Investigating PO	→ PSA	11 1//
Investigating PO Fill out P1 & P2		for P forms & organize file
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BOP Sent Comm. Packets	-	destination in PACTs Client
Verify J&C & Initial	Index	/remarks
Central File Cklst	—	date in PACTS
File to PSA (sentence over 30 days)	File t	o Central File (If sentence over 30 days)
ruidial/Data	· !fnitial/D	ate.
Initial/Date:	initiavD	atc.

	(including Probation and any	ISR case w/credit for time:	served)
Investigative PO	→ Assign. SUSPO		PSA
Fill out P1 - P3 (No P3 needed if defendant liv	Assign PO on If OOD indica		Prepare & send out flash
Sentencing Commission	All P forms to	-	Organize file File P forms when rec'd
P forms & file to Assignment			Label photos/put in file
	If supervision File to Carol	other office	_ File to PO
Initial/Date:	Initial/Date:		nitial/Date;
	Direct Release TSR and P		
Duty PO →	Assign. SUSPO →	Supervision PO →	PSA
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SUSPO	Pl to stats to input in Client	Fill out P2 (if not in file)	Organize file
\triangle	Index	Fill out P3	File P forms when rec'd
	File to PO	' P forms to Stats . File to PSA	Label photos/put in file File to PO
		inctorsA	rhe to ro
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		from Another District	
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Assign PO on P1	Prepare & send		ombine and Organize working file(s)
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Supervision PO →	PSA	SUSPO →	Stats
Fill out P4 & send to stats Central File checklist for	Organize file Prepare envelope & cover	Review & send file to stats	Enter destination in PACTS Client Index/remarks
dummy file(If our Jurisdiction)	letter	. 🖍	Send out file
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	Central File Cklist		(If our jurisdiction)
,	(if our jurisdiction) File to SUSPO		
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UNITED STATES PROBATION NORTHERN DISTRICT OF CALIFORNIA CJIS RECORD REQUEST

INQUIRY TYPE: CII X NCIC X WPS X DMV X CORPUS X

REQUEST DATE:

REQUESTOR:

Elifano di Pos.

TYPE OF INVESTIGATION

TERMINATION CASE

SUPERVISION CASE

	RESPONSE INFORMATIO	ON (Seejear)	State 1
COMPLETION DATE:	3/98	CLASS-OPE	RATOR:
REASON UNABLE TO CO	OMPLETE REQUEST:	- The state of the	
CII#	•		
FBI#			
PFN#			
DMV	/CDL#		
COMMENTS:	wido,	Philip	

DATE UNITED STATES DISTRICT COURT PROBATION OFFICE November 2, 1990 APPOINTMENT NOTICE DATE NAME AND ADDRESS OF PROBATION OFFICE TELEPHONE IAVE EDULED NUMBER November 7, 1990 1330 Broadway, Suite 400 SINTMENT YOU Oakland, California 94612 9:30 a.m. 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. Phillip Garrido Please bring this form with you. PROBATION OFFICER

UNITED STATES DISTRICT COURT PROBATION OFFICE PROB 28 10-4-9. (7/64)APPOINTMENT NOTICE NAME AND ADDRESS OF PROBATION OFFICE TELEPHONE WE HAVE SCHEDULED NUMBER U.S. PROBATION OFFICE AN APPOINTMENT FOR YOU 1330 Broadway, Suite # 400 Oakland, CA 94612-2504 You are requested to visit the probation officer at the above address. If for any reason . TO:

5.**(5)/(6(7**/0)

Willip Carrie

you will be unable to keep this appointment, call the telephone number indicated.

Please bring this form with you.



■ (f)/ Se/(M) 7 8.3

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:



APPOINTMENT NOTICE

You must appear for the following scheduled appointment:

DATE: TIME: 5-17-95

m/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.

Dated:

5-1-95

U. S. Probation/Parole Officer

(8(6)/(8(2)/6)

NORTHERN DISTRICT OF CALIFORNIA PROBATION OFFICE





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

receivably figure,

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



March 10, 1999

PLEASE REPLY TO:

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

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

Phillip Garrido

THE PARTY OF THE PARTY OF

APPOINTMENT NOTICE

A home visit will be conducted on the following date:

DATE: 4-6-99

18(5)/(B(7)(c)

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.

-(3(6)/(3)(2)(3)

SR. U.S. Probation Officer

(BCA)/YACIYO

PROB 28



AUG 30 1983



eclectic communications, inc.

U. S. PKUBATION OFFICE NORTHERN DIST, CALIF, DAKLAND

DATE: August 29, 1988

TO:

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

1866/78671(4)

Dear Marie

This is to acknowledge that the above named resident has arrived at ECI Oakland, California on August 29, 1988 at 10:50 am/PMK.

Sincerely, (80/2)(c)

Facility Director

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

Markey Care

Oakland Facility

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

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

Post Office Box 719

Oakland, California

DISTRICT OF NEVADA

CHIEF PROBATION OFFICER

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

PROBATION OFFICE

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

August 23, 1988

Reno Office

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

Chief U. S. Probation Officer

RECEIVED

AUG 20 1933 U.S. PROBATION OFFICE NORTHERN DIST. CALF. CAKLAND

Attention: 🝇

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

U. S. Probation Officer

94604

RE:

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

PRETRANSFER REQUEST

Dear 1

(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 Garrido, who resides at We have been in telephonic contact with 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 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.

> ES PRETRANSFER ASSIGNED TO DATE DUE .

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.

(8(5)/(8(7)(¢)

Sincerely,

U. S. Probation Officer

(8(5)/f8/7)(c)

Acting Deputy Chief S. Probation Officer

(8/4)//8(7)(c)

Enclosures

(8/6)/-8/7)(c)

CC:

United States Parole Commission

(8)(6)/(8)(1)(4)

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

March 29, 1989

350 SO. CENTER ST. SUITE 401 RENO. NEVADA 88501 702-784-5205

REPLY TO Reno Office

18(6)/(8(7)(6)

U.S. Probation Officer 1330 Broadway, Suite #400 Oakland, California 94612

(B(6)/(B(7)(//)**

Attention: "

U.S. Probation Officer

ENGARITHM

RE: GARRIDO, Phillip Craig

Reg. No. 36377-136

In follow-up to a phone conversation with your office this date, we are returning your file materials regarding the above-named individual. (Pd6)//8/796V

As discussed in that phone conversation, 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

180万割67(で

enclosures: PSI, J&C, Parole Cert. and Notice of Arrival

RECEIVED.

APR 7 1989

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

DISTRICT OF NEVADA

PROBATION OFFICE

CHIEF VIOLATION OFFICER

SUITE 500, PHOENIX BUILDING 330 SOUTH THIRD STREET LAS VEGAS, NEVADA 69101-6032 702-388-6428 FTS 558-6428

June 15, 1989

(8/57/8(7)(8)

01037-8744-9

Chief U.S. Probation Officer 1339 Broadway, Suite 400 Oakland, CA 94612-2504

ATTN:

Supervising U.S. Probation Officer R THRVED

JUN 2 1999

RE:

GARRIDO, Phillip Craig Reg. No.: 036377-136

TRANSFER OF SUPERVISION

Dear

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.

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,

U.S. Probtion Officer

Deputy Chief

Deputy Chief
U.S. Probation Officer

encl: case file

(MG)// 8th miles

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 #:

MENTERNA.

Arrest #:

•

Date of Birth:

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 <u>Las Vegas</u>, <u>Nevada</u> 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#	<u> </u>	

CHECK ONLY IF IDENTIFICATION RECORD DESIRED

	Forward Rec	, ,		-				
								•
•						•		
		U. S. Pr	robation	Office			;	
		13th and	Jackson	i Streets	•		•	
		P. O. Bo	719				·	•
		· Cal-Land	CA 94			(8(6)	$\psi(B(z)(z)$	٠.
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Nn2-Pet Crim Rec-1 April, 1977 DISTRICT OFFICES

1301 CORDONE AVENUE RENO, NEVADA 89502 (702) 688-1000

A. A. CAMPOS BUILDING 215 E. BOHANZA SŢREĘT LAS VEGAS, NEVADA 89158 1702] 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



To:

Parole and Probation

To:

Subject

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

DEPARTMENT OF PAROLE AND PROBATION

PAROLE RELEASE INSTRUCTIONS

CAPITOL COMPLEX
1000 E. WILLIAM STREET, SLITE 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 PIRST 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. A. Federal Building, 13th & Jackson, Oakland, CA. RM. #2-PHONE: (415) 372-7101 (E(8))(B(7)(c)
- 3. To report to your employment at: NURSING HOME at 4001 Lone Tree Lane, Antioch, CA.
- 4. You will reside at:

- · (8(6)/(8(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.

Paroles Date

Witness

Date

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

Form 26WP (Rev. 7/87)

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

(702) 738-4088

106 E. ADAMS STREET, ROOM 206 CARSON CITY, NEVADA 89710 (702) 885-5045

ELKO, NEVADA 89801

STATE OF NEVADA

RICHARD H. BRYAN GOVERNOR



DEPARTMENT OF PAROLE AND PROBATION

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

CAPITOL COMPLEX 1445 HOT SPRINGS ROAD, NO. 104 CARSON CITY, NEVADA 89710 (702) 885-5040

RECEIVED

OCT 25 1988

U.S. PROBATION OFFICE WORTHERN DIST, CALIF. OAKLAND

October 19, 1988

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

Officer United States Probation/Parole Department Federal Building P.O. Box 719 13th and Jackson Streets Room 207 Oakland, California 94604

GARRIDO, Phillip NV #L88/89-0163

Dear Officer

(B(6)/(B(7)(e)

This letter will recap our telephone conversation of October 18th, 1988.

Phillip Garrido is a Nevada State parolee serving a life parole Mr. for the offense of Forcible Rape. Interstate Compact paperwork was sent to California with the request that the California Department Corrections supervise Mr. Garrido as he was residing there. 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 Due to his offense, this department must verify that he is status. 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 needs to be further clarificiation.

Sincerely,

(E(6)/(E(7)(c)

Supervisor

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

Interstate Services

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

(O)-2018

DEPT. MOTOR VEHICLES & PUBLIC SAFETY BEST COPY AVAILABLE OLE & PROBATION 1445 Hot Springs Road, Suite 104 Carson City, NV 89711 Phone: (702) 687-5040 Fax: (702) 687-5402 FAX MESSAGE

IF YOU ARE UNABLE TO READ THIS TRANSMISSION,
PLEASE CONTACT THE SENDER AT THE ABOVE ADDRESS
OR PHONE IMMEDIATELY.

mark Line 1997

The company the converse with

AGREEMENT BY PAROLEE

I do hereby walve extraction to the State of Nevada from any state in the United States, and from any services or country occurre 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 abile by and states to to the state of Nevada.

I fully understand the possibles involved should I is any manner violate the foregoing conditions.

PAROLES PAROLES TO A MILES CONTRACT PAROLES.

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

8-26-88

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(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:

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

RE: GARRIDO, PHILLIP

OUR: L88/89-163

YOUR: DOB:

RECEIVED

MOV 2 - 1991

Dear Sir:

U.S. PEOLATICA O PICE HORTESTA DES LAUF. CALLADO

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:

THANK YOU.

Sincerely,

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

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

RECEIVED

 $(e^{(6)})^{(8(7)(c)}$

November 21, 1991, 10/20/92

and Request

NOV 6 - 1992

U.S. Probation 1330 Broadway, Suite 400 Oakland, CA 94604 Attention:

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

RE: GARRIDO, PHILLIP

OUR: L88/89-163

YOUR: DOB:

(B(0)/(B(2)(c)

Dear 'Sir:

хx	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
	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
	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,

 $\{B(6)/(B(7)(c)\}$

Supervisor

Interstate Services

STATE OF NEVADA DISTRICT OFFICES **BOB MILLER** GOVERNOR 1301 CORDONE AVENUE RENO, NEVADA 89502 JAMES P. WELLER (702) 688-1000 DIRECTOR A. A. CAMPOS BUILDING 215 E. BONANZA ROAD LAS VEGAS, NEVADA 89158 DEPARTMENT OF (702) 486-3001 MOTOR VEHICLES AND PUBLIC SAFETY (6(6)/(8(7)/c)3920 E. IDAHO STREET ELKO, NEVADA 89801 DIVISION OF PAROLE AND PROBATION (702) 738-4088 CAPITOL COMPLEX May 26, 1995 445 HOT SPRINGS ROAD, NO. 104 CARSON CITY, NEVADA 89710 119 E. LONG STREET CARSON CITY, NEVADA 89710 (702) 687-5040 (702) 587-5045 RECEIVED United States District Court 5 1995 JUM 1330 Broadway, Suite #400 Oakland, CA 94612-2504 U. S. PROBATION OFFICE Attention: 1 (8(6)/(8(7)/c)NORTHERN DIST. CALIF. OAKLAND RE: GARRIDO, PHILLIP - NV# L88/89-0163 - CC# 318964 Expiration: Dear Officer $\{6(6)/(8(7)(a)$ 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 Sincerely,

Interstate Services

(8/6//6/7)(c)

O STATE OF NEVADA DEPARTMENT OF PAROLE AND PROBATION RECEIVED

INTERSTATE COMPACT SERVICES
1445 Hot Springs Road, #104
Carson City, Nevada 89710
(702) 687-5040

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

L88/89-0163

OUR:

DOB:

(P(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 retaineddestroyedreturned.
•	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.

(8(5)/(B(7)/c)

Sincerely,
Supervisor

Interstate Services

STATE OF MEVADA 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 1301 CLAY ST #220S OAKLAND CA 94612

RE: GARRIDO, PHILLIP OUR: L88/89-0163 (5(8)/(8(2)(6)

YOUR: 36377-136 DOB:

9 1998

U.S. PROBATION OFFICE WORTHERN DIST, CALIF. OAKLAND

Dear Sir: We would appreciate receiving a current Progress Report. XX 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: (016)/(8(7)/c) Cosc Revier
Copy Sort
3/13/98

Interstate Services

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	ATION
	A TTNT	(B(6)/(B(7)(c)

1301 CLAY ST #220S OAKLAND CA 94612 RE:

GARRIDO, PHILLIP

OUR#:

L88/89-0163 YOUR#: 36377-136

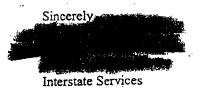
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D.O.B.:

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

Dear Sir:

XX	We would appreciate receiving a current Progress Report.
102	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 retaineddestroyedreturned.
	This closes our interest in this case.
XX	REMARKS: Please advise the discharge date for your case.



775-684-2626

United States Attorney 2 RAYMOND D. PIKE Asst. United States Attorney Federal Bldg. & Courthouse 300 Booth St., Rm. 5011

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LAWRENCE J. SEMENZA

United States Attorney

Asst. United States Attorney

IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF NEVADA

Criminal No. R-76-88-BRT UNITED STATES OF AMERICA,

INDICTMENT FOR VIOLATION OF

SECTION 1201(a)(1), TITLE 18, UNITED STATES CODE

(Kidnapping)

THE GRAND JURY CHARGES:

PHILLIP CRAIG GARRIDO,

LAWRENCE J. SEMENZA

Attorneys for Plaintiff.

Reno, Nevada Tel: 784-5439

On or about the 22nd day of November, 1976, PHILLIP CRAIG CARRIDO knowingly transported in interstate commerce, from (6)

South Lake Tahoe, California, to Reno, Nevada, one

Plaintiff.

Defendant.

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:

UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT

APRO 1977
EMIL E. MELFI, JR.
EDUNT DE NOPEALS

UNITED STATES OF AMERICA,

Plaintiff-Appellee,

No. 77-1692 DC # CR 76-88

ve

ORDER RELIEVING ATTORNEY AND FOR APPOINTMENT OF NEW ATTORNEY, ORDER FOR TIME SCHEDULE.

PHILLIP CRAIG GARRIDO,

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

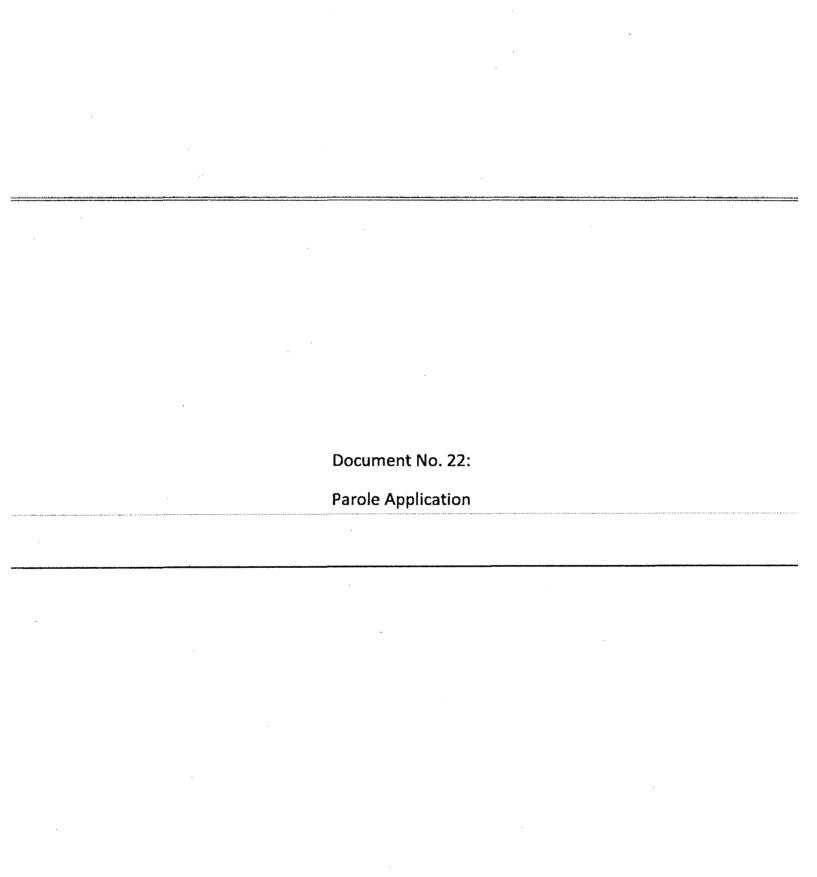
a CJA Form 21 for an estimate of the cost of the reporter's

transcript if this has not already been done.

The Clerk will enter a time schedule for this appeal.

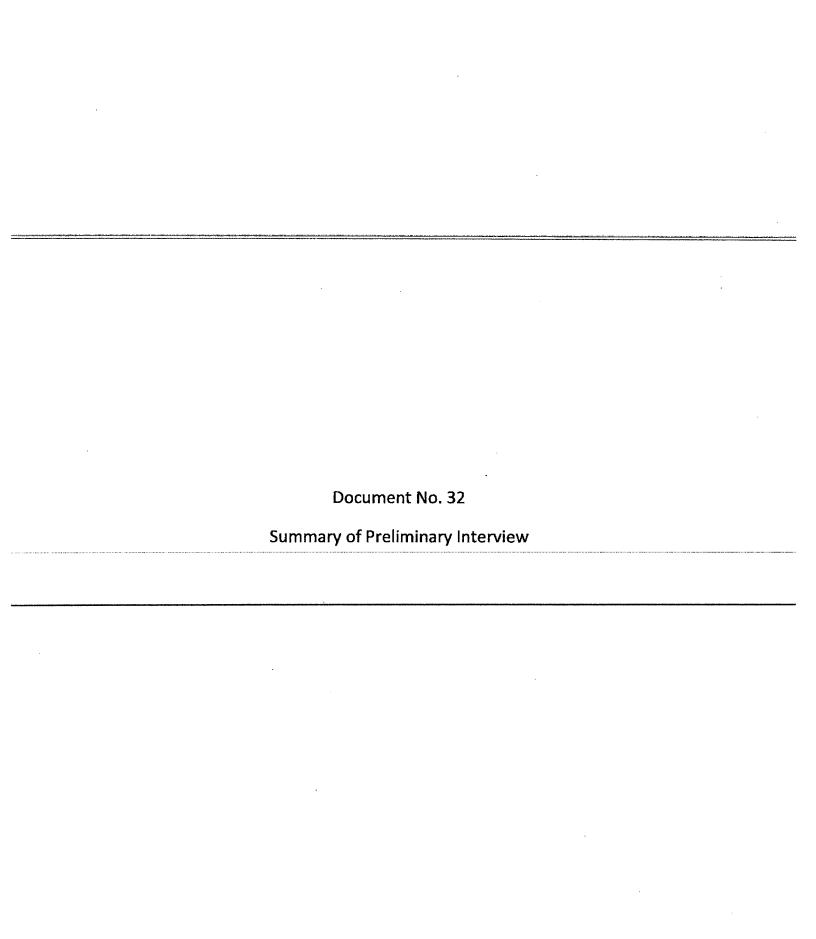
1-J CR CAL

AUDITED STATES . COMADISTRATE T	TURNING CLAPTERIS COURT or HOTHER PANEL ISSUED TO THE PANEL ISSUED
IN THE CASE OF	FOR LOCATION NUMBER
LU.S.A. W. R PHILIP	Ninth Circuit
CRAIG GARRIDO	San Francisco, California
PROCEEDING (Wasceille briefly)	DOGKET NUMBERS
INTERSTATE KIDNAP	1 (7 Defendant - Adult Mogistrate 2 (7 Defendant - Juvanife
CHARGE/OFFENSE (describe if applicable & ch	lock box - 1 TX Felony 3 M. YAppellant District Court
18 U.S.C. §1201 (a)(1)	Misdemeanor 4. Li Probation Violator 76-8-8 S D Parole Violator Court of Appeals
U.S. or other code citation	Til Jabous Petitioner 7.7-1692
PERSON REPRESENTED (Show full narno & sta	APR (Material Witness VOUCHER NUMBER)
PHILLIP CRAIG GARRIDO	Syly Other (Specify Below) 321144
Name aircedy appears as D PI or as D I above	CLERK, U.S. COURT OF APPEALS TO MINISTER THE SPENT DATES HOURS AMOUNT
COURT ORDER.	1611 Marian of Appears the Minglette Minglette
M D APPOINTING COUNSEL	TIME SPENT DATES HOURS AMOUNT
D HATTEYING PAIOR SERVICE EXTENDING APPOINTMENT FOR APPEAL	I IN CPEN COURT
OF SUBSTITUTING COUNSEL FOR:	A. ARRAIGNMENT &/OR PLEA RATE B. MOTIONS & REQUESTS
(Federal Public Defender) .	B. MOTIONS & REQUESTS PER
for the limited purpose of, this appeal only.	D. SENTENCE HEARINGS HOURS E. TRIAL TIMES
Because the above named person represented" that testified under oath or has otherwise satisfied this	F. REVOCATION HEARINGS
court that he or she: (1) is financially unable to em-	G. APPEALS COURT
and because the interests of justice so require, the attorney or organization printed here and below	H. OTHER (Specify bolow)
	TOTAL "IN COURT" HOURS [] > S
is hereby appointed to represent this person in the above designated case.	II OUT OF COURT
If appointment is made by a magistrate and the case subsequently proceeds to U.S. District Court, the	A. INTERVIEWS & CONFERENCES
appointment shall remain in effect until terminated or a substitute atterney is appointed.	C. LEGAL RESEARCH & BRIEF WRITING D. INVESTIGATIVE & OTHER WORK (Specify)
The attorney or organization herein appointed is authorized to claim reimbursement on this form, sub-	
ject to applicable law, administrative regulations, and the plan of the court.	E. TRAVEL TIME (during normal office hours only): (1) TO & FROM COURT (cound trips under 1 hr not allowed) (2) OTHER TRAVEL TIME (Specify)
Signature of U.S. Judge or magistrate	TOTAL "OUT OF COUNTY WOLFE
OR BY ORDER	TOTAL "OUT OF COURT" HOURS
OF THE COURT	III ITEMIZED EVDENICE (a
(Clerk or Deputy)	DEPENDENT STREET SPECITY, DET INSTRUCTION SHOOT AMY, PER ITEM
CERTIFICATIONS OF ATTORNEY/PAYEE Has componention and/or raim-	
bursament for work in this case Yes been previously applied for or re- The	APR 8 1977
If "Yes" how much were you paid? \$1.	TOTAL ITEMIZED EXPENSES > s
By whom were you paid?	U.S. PROBATION OFFTEEAL COMPENSATION & EXPENSES DES
If this is an appeal did you raprosent Yos person in lower court No.	AGAVEN COMBACT STORM TO THE STORM TO THE STORM TO THE STORM THE ST
SIGNATURE OF TRUTH & CORRECTIVESS OF ABOVE STATEMENTS	AMOUNT CERTIFIED/
APPROVED SIGNATURE OF JUDGE/MAGISTRATE	DATE: OS
PAYMENT SIGNATURE OF CHIEF JUDGE COURT OF APPEALS	ment in excess of statutory limitation approved under 18 USC 3006A(d) (3) . AMT. APPROVED DATE S
COUNSEL XX IS A PRIVATE ATTORNEY	
. IS FURNISHED BY: PH	ONE NO. VOUCHER 321144
COMMUNITY DEFENDER ORGANIZ	" Has delebdent paid and money to im-
SOCIAL SECURITY NO	to anyone elso, in connection with the offence for which was appointed
ATTORNEY	to defend him? If so, give details." Stenature



Name: CARRIDO, Phillip	Date _ 8-24-87
	-OMPOR, CA
INSTRUCTIONS: This form is to be furnished to and completed by every inmate prior to Commission. It must be furnished at least 60 days in advance of the scheduled hearings	every scheduled hearing before the Parole
inmate (see "I" below).	ameso seen so day notice is warran by the
NOTICE OF HEARING: Provided you have applied for parole in the space below, yo U.S. Parole Commission on the docket of parole hearings scheduled for to	ou will be given a hearing by officials of the
IF THERE ARE LESS THAN 60 DAYS BETWEEN THE DATE OF THIS NOTICE AS WILL BE POSTPONED UNTIL THE NEXT DOCKET OF PAROLE HEARINGS AT SINITIAL THE FOLLOWING WAIVER.	ND YOUR HEARING, YOUR HEARING YOUR INSTITUTION UNLESS YOU
(process) Treceived this form less than 60 days from the date of my hearing. Ho	the state of the s
(Initials) advance notice of the hearing time and notice of my disclosure rights, and	and I request to be heard as scheduled.
2. APPLICATION: Libereby apply for parole, or have previously applied and still wish t	The state of the s
2. AFFLICATION Lancedy apply for parole, or have previously applied and still wish to	8/21/87 the Military
(Signature)	(Date)
3. WAIVER OF PAROLE/PAROLE HEARING:	
A. I wish to waive parole consideration at this time. (Initials)	الله المعلوبة الله المعلوبة الله المعلوبة الله المعلوبة الله الله المعلوبة الله الله الله الله الله الله الله المعلوبة الله الله الله الله الله الله الله الل
B. I wish to waive my scheduled Statutory Interim Hearing and have not in (Initials) Committee infractions since my last hearing.	incurred any Institutional Disciplinary
C. I wish to waive the parole effective date or presumptive parole date previou (Initials) A previously waived parole date will be reinstated upon reapplication, in your case.)	
(Initials) D. I wish to waive mandatory parole. (Initials) LEASA POSITION THE COMMITTEND AND COMMITTEND TO THE PROPERTY OF	lactors, who have a second and a
NOTE: 1) If you waive parole or a parole hearing, any subsequent application or reapprior to the first day of the month in which hearings are conducted at the in 2) Revocation hearings cannot be waived. Hearings under 28 CFR 2.28 (b-f) by waiver of the parole effective date or presumptive parole date previously	and rescission hearings can only be waived
4. REPRESENTATIVE: At your hearing you may have a representative of your choice (e.g or attorney), who will be permitted to make a statement on your behalf at the close of the willing and able to appear should be written in below. Arrangements for the appearance your case manager.	hearing. The name of any representative
Name of Representative:	T COURT OF THE COU
IF YOU DO NOT WISH A REPRESENT TO HE IN THAT THE FO	LLOWING WAIVER:
	夏 · 阿·罗·· See

0/	URE OF FILE INFORMATION: You may review the reports and documents in your file which will be considered 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 form disclosure. In such ever a summary of the material withheld from you will be furnished if you request to review your file.] I wish to inspect the disclosable material in my institutional file.
HALL.	Lwish 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 has been partially appearance o
IF YOU DO	At review hearings, the Commission will consider only information about factors which have changed, or which may have changed, since your last parole hearing. 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. VE INSPECTED FILE MATERIAL, INITIAL BELOW.
(Initials)	I have reviewed the materials in my institutional file on
LESS THAN POSTPONED	VE NOT YET RECEIVED DISCLOSURE OF THE FILE MATERIALS YOU REQUESTED OR IF THERE ARE 30 DAYS BETWEEN EITHER OF THE ABOVE DATES AND YOUR HEARING, YOUR HEARING WILL BE UNTIL THE NEXT DOCKET OF PAROLE HEARINGS AT YOUR INSTITUTION UNLESS YOU INITIAL WING WAIVER:
(Initials) INLIET THE ART BE L	THIS THAN GO DAYS ELTER THE THE DATE OF THIS NOTICE AND YOUR HEARING, YOUR HEAKING, TOUR HEAKING TRONGED LINTHL THE NEXT DOCKET OF PAROLE HEARINGS AT YOUR INSTITUTION UNLESS YOU Light to disclosine 30 days in advance of the hearing' and I tednest to be heard as schednled. A did not receive 30 gays brepeating disclosine of the material I tednested from my tiles. However, I hereby Marke, if any and the second state of the material I tednested from my tiles. However, I hereby Marke, if any and the second secon
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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



SI APRES APP.

U: / ?
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:



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.



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
The parolee admitted this charge.
Parolee's Evidence:
A STATE OF THE STA
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 (8(6)/(8(7)(c) (b(5))

Other	Adm	itted	Viola	ations:

None.

IV. COMMUNITY RESOURCES:

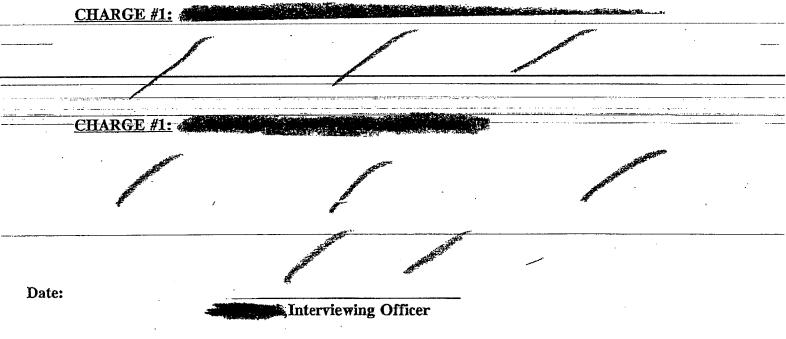
Upon release from custody, Mr. Garrido intends to continue to live with his wife, Nancy Garrido, and his mother.

Prior to his arrest, Mr. Garrido was starting his own business conducting self image/psychology seminars. However, upon consultation with his Probation Officer, 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 Officers was contacted, and 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:



cc: Phillip C. Garrido



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.

It appears that his recent incarceration has had a powerful and positive impact on his.

Respectfully submitted

U.S. PROBATION OFFICER

REVIEWED AND APPROVED BY:

SUPERVISING U.S. PROBATION OFFICER

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
() 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) LE 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:
·

36377-136

4-13-93

(Date)

(Signature of Interviewing Officer)

REDACTED

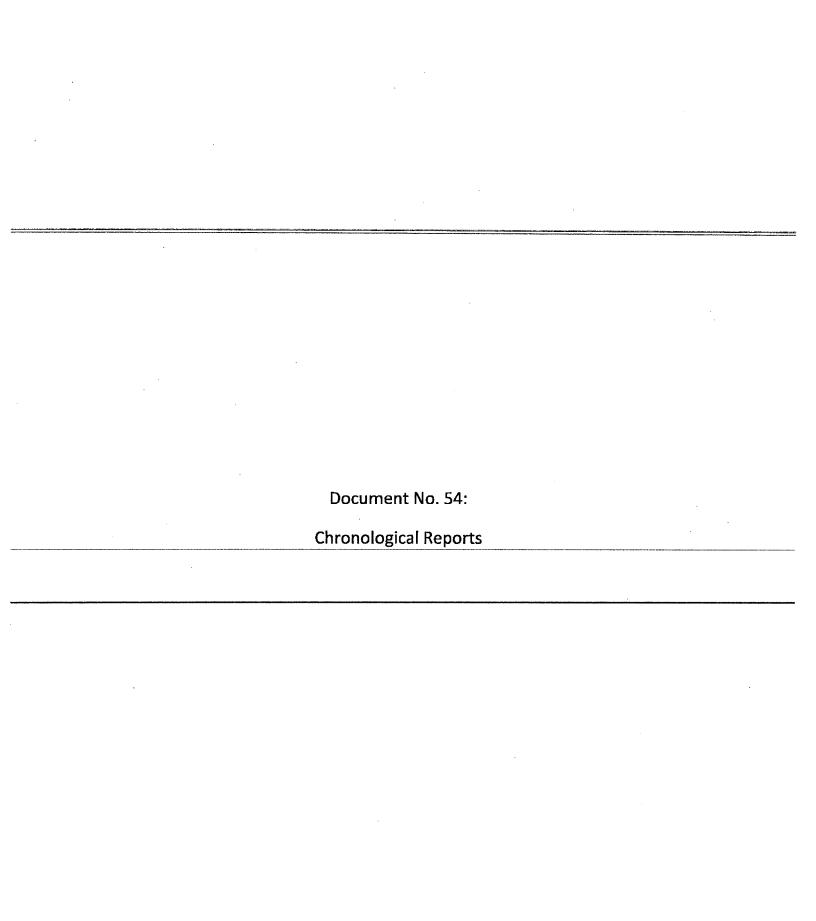
PART TWO

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: I REQUEST THAT I BE GIVEN A REVOCATION HEARING UPON MY RETURN TO A FEDERAL INSTITU-(A) TION, IF I AM NOT ORDERED RELEASED BY THE COMMISSION. I REQUEST A LOCAL REVOCATION HEARING, IF I AM NOT ORDERED RELEASED BY THE COMMIS-(B) SION. 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 Parolee/Mandatory Releasee)



GARRIDO,	Phillip Cr	CHRONOLOGICAL RECORD OF SUPER FION	,
DATE	TYPE	REDACTED (B(6)/(B(7)(c)	
8-30-88	P-0V	PO met with subject and hof ECT Cokland of	
i		Subject has job promised at a Nursing Home in Pittsburg, CA. He presents a totally new personality and outlook. He was maried while incarcerated	
		Defore he is allowed work privileges.	
9-2-88	С-ТС	of ECI called and related subject's request for a day pass to visit his mother and wife over the long week-end	
•		he felt comfortable allowing subject the pass, and as a result, PO gave his approval.	
9-7-88 : !	₽ -€ V	Subject came to office today and related that the Hospital Administrator who is hiring subject, is anxious for him to start work as soon as possible. Subject sill be assigned to ground maintenance to a replace an employee who has given his two weeks notice. Subject is to work at California. Subject states he has advised of his instant	٠
		offense and she remains willing to employ him. Subject is to be advised as to whether he will be allowed to accept this job.	-
· !~8~88	G. GV	Subject showed that he has acquired a driver's licence, 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.	
1-0-00	C-CV	PO met at ECI, Oakland with	
	•	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 and she was advised of the details of subject's offense. The doctor had stated that subject, She related that subject started to work today, and she is still pleased.	•
10-5-88	C-TC	Sgt. Antioch PD, contacted the writer to verify that this office was aware of subject's employment at a nursing home in Antioch. Sgt. 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 subject's ECI counselor, who agreed that 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 Counselor is to provide this office with a copy of evaluation.	

CHRONOLOGICAL RECORD OF SUPE

	GARRIDO.	Phillip Grat ,
DATE	TYPE	REDACTED (B(B)/(B(7)(C)
-	88 C-TC	Call from Nevada State Po that subject is under Nevada State Parole for life. His State Reg. Number is: L88-89 163. PO 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. Was given verbal agreement to his request.
10-18-88	:Note	It, was learned that out in the
	·	advised of some problems he was having with the writer's SUSPO and had arranged to talk with subject, without the writer's knowledge or imput. It was later revealed that subject's concern was having from ECI. A conference was scheduled for meeting with the writer, subject, his ECI counselor, and SUSPO on Monday, October 24,
10-24-88	P-OV	With all parties propert
1024. 90	·	PO's statement that subject would serve the full 120 days at ECI. 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, 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	· *AT	Received assessment of September 13, 1988 station
0-25-88	LT	Letter received from Nevada Supervisor Interstate Services, regarding periodic progress reports in this case.
		To with initial progress report 10/26/88)
	·	

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CHRONOLOGICAL RECORD OF SUPERVISION

GARRIDO,	Phillip	The state of the s
DATE	TYPE	
11-8-88	HV	PO to Antioch, found subject's mother's address: Antioch, CA, rather than 2255 as subject thought. No one was home.
11-8-88	C-EV	Clerk at 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.
11-12-88	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 ECL (sighted on 11/8 at 4 5 p.m.). PO contacted 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 11/16/88)
11-19-88	С-Т	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 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
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
12-13-88	C-CV	PO met with ECI psychiatrist, at ECI, Oakland. The doctor feels that subject has made progress during his counseling but subject
12-19-88	P-0 V	recommends follow-up counseling after subject is discharged from their facility and he is willing to do the follow up. His fee is PO to advise doctor. 12/28/88) 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 is being contracted to continue subject's counseling 12/18/88)
ž.		

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(E(6)/(E(7)(c))
CHRONOLOGICAL RECORD OF SUPERVISION

GARRI	DO, Phillip	Craip
DATE	TYPE	
12-28-88	P-CV	Subject seen at 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.
	С-Т	Acting Deputy Chief, District of Nevada, Reno, was contacted reference subject's transfer. He stated that subject
		to check his files and send the necessary data for the opening of case in this District 12-30-88)
2-24-89	P-OV	Subject very happy with adjustment at home and on his job. He was voted "King of theDay" by co-workers for Valentine's Day. When talking about his adjustment,
		The counseling sessions have not started. According to our contact person (Sr. USPO), 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 for counseling. Contract with not approved.
3-28-89	P-T	From subject, routine call. Advised he met with and counseling to begin.
		Related praise received on job - high-lighted co-workers' and
		employees' regard for him and his work
4-24-89	C-T	
	•	

GARRID	REDAC	TED (B(8)/(B57)(c) p. curonological record of supervision (will hemo)	
7-18-89	TYPE		

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YAME:		214	

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

SUPERVISION LEVEL: OFFICER:

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(Problem Codes)

PROB	LEMS	IDENTIFIED

None OK

Substance Abuse 3B =

Employment Needs ΣM

FI Financial

ED = Education/Vocational

ַ סם === Domestic

CO Counseling MS Monitoring/Surveillance Only AS = Associations

THER =

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NAME:	Garrido	Phil

SUPERVISION LEVEL: OFFICER:

REDACTED

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(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 = Associatons

OTHER =

ATE	CONTACT	PROBLEMS	PERSON	BRIEFLYComments/Instructions	PO
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	110		ZMPJ,	no problem reported.	
3	r		 	Cose file razived This month with from Transfering Dist.	1.
3-10	note			FIRT- class and Plan & April Amen From transfering 1761.	
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Date	Code	Code (See	Person Contacted	BRISF: Comments/Instructions to Subject USPO (Observations) Initials
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135/89	CTC	TG6		WIFE WAS SEEN
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9-5-89	Pco	+1715	3467,	
and the second second			•	
9-12-81	PTC	tms	subj	mess. from P.O. That 5469, had
				ralled wa problem relative To auto dodorship
1-13-89	PTC	+ MS	saly,	Subj. reported To DMU in Valleyo That
		·	1	Disconnecting speedometers on his domo care
_				right Thing - He was assured That he had.

1-20-89 CTC T m'S

AHE:	arnd of Ph	ulip	 	SUPERVISION LEVEL:	OFFICER:	·
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t majorine programme and an extraction	Contact	Problem	Person	BRIEF: Comments	/Instructions to Subject	, neno
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1-20-89	Cont					
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concern is for the business but the student that the would like to keep

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RED	ACTE	D (8(6)	/(B())(c)	CHRONO RECORD	
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***************************************				(Problem Codes)	
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Date	Code		Terson Contacted	BRIEF: Comments/Instructions to Subject (Observations)	USPO Initials
3-28-4	CCO	+ms	wife	seen at employment-she stated that everything was good and reported no problems. Subj. had gone to the	
				hardware store	
10-5-89	લેંદ	-m5			
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10-10-89	CTC	-ms			
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P.O. . PROB. / PAROLEE ____PHILLIP_GARRIDO___ Case #___ 1/12/90 ___ Phoned __ Office Visit _ Field visit __ Collateral contact phone X NEXT APPT. UA/Breath pos. ____ P.O. was contacted by subject's counselor, who advised that a female subject had hired at the nursing home, No other details were available other than the fact that the girl was hired 1, 23, 90 __ Phoned __ Field visit __ Callateral contact community visit Office Visit Paym't \$ UA/Breath pos. MRs current NEXT APPT.___ PO on the date made contact with subject's wife at their place of employment. She advised that subject had gone to the hardward store. She further advised that the incident with the person that quit her job 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. <u> 1/23 90</u> _ Phoned ._ Field visit _ Collateral contact Community visit Office Visit 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 However, she feels that he is beginning to open-up Phoned Field visit Collateral contact UA/Breath pos. NEXT APPT.___ 1 24 /90 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.

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(B(6)/\$B(7)(c)

CHRONO SHEET

PROB.,	/PAROLEE PHILLIP GARRIDO	P.O. #
<u> 2/5 90</u>	X Office Visit Phoned Field visit HEXT APPT Paym't \$ UA/Bre	Colleteral contact
	After missing one appointment and reporting	
	PO was not in, subject was seen by PO in the	•
	of the incident	· ·
		- Land of the state of the stat
		Te stated that no other problems
•	arosed from this incident.	The second secon
//_	Office Visit Phoned Field visit NEXT APPT Paym't \$ UA/8re	COllateral contact ath pos HRs current
	A Soliton of the Control of the Cont	
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	and the state of t	
	he is to start looking for othe	r employment. Subject indicated
•	that everything was well.	
//_	martin Milita Milita Militaria	
//	Office Visit Phoned Field Visit NEXT APPT Paym't \$ UA/Brea	ath pos HRs current
	· · · · · · · · · · · · · · · · · · ·	
	Office Visit Phoned Field Visit NEXT_APPT Paym't \$UA/Brs.	COTTREET CONTREET
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•	The state of the s	
//_	Office Visit Phoned Field visit	Collateral contact
	HEXT APPT. Paym't \$ UA/Bre	ath pos MRs current
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REDACTED (8(6)/(8(7)(c**)** CHRONO SHEET P.O. . . . PROB./PAROLEE GARRIDO, Phillip Case # 2 / 9 /90 X 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 __ Phoned ___ Field visit ___ Collateral contact__ Office Visit 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. __ Phoned __ Field visit __ Collateral contact_ Paym't \$_____ UA/Breath pos. ____ HRs current __ __ Office Visit __ Phoned ___ __ Field visit __ Collateral contact_ Paym't \$______UA/Breath pos_____MRs current __ Phoned __ Field visit __ Collateral contact_ __ Office Visit Paym't \$ UA/Breath pos. HRs current

REDACTED (8(6)/(6(7)(c)

CHRONO SHEET

PROB./	P.O PAROLEE GARRIDO, Phillip Case #
2/ 20/ 90	Office VisitPhonedField VisitCollateral contact_phone NEXT APPT,Paym't \$UA/Breath posHRs current
	subject is psycholocially stable at this point. However, subject's
:/:/	Office Visit Phoned Field Visit Collateral contact NEXT APPT, Paym't \$ UA/Breath pos HRs current
	progress remains guarded.
	·
	·
2/22/_90	Office Visit Phoned Field Visit Collateral contact NEXT APPT Paym't \$ UA/Breath pos HRs current
	Subject contacted P.O. on this date and advised that he is now in training with for position as a saleman. Subject will be selling to basically to homeowners with appointment being
	arranged for him in the evening and the atternoon. He advised that the company is located at
	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. HRS current UA/Breath pos. HRS current
	was directed to report to the Probation Office on Thursday, 3-1-90.
	No other problems were reported.
-	
•	
3/2/90	XOffice 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 (B(6)/(B(7)(c)



CHRONO SHEET

PROB./P	PAROLEE PHILLIP GARRIDO Case #
3/2/90	
•	
	g. 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 futher advised
THE REAL PROPERTY OF THE PARTY	that between this date and March 9, he is to inform his respective
	n
·_/_/_	Dffice Visit Phoned Field Visit Collateral contact
*	new employer of his current legal situation and that he is on parole
	for kiduap and rape. Subject is to make contact with PO on Friday,
	March 9, to confirm that this revelation has been made.
•	
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	Office Visit Phoned Field Visit Collateral contact NEXT APPT Paym't \$ UA/Breath pos HRs current
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	Office Visit Phoned Field Visit Collateral contact
e unione i e	NEXT APPT. Paym't \$ UA/Breath pos. MRs current
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//	Office VisitPhonedField visitCollateral contact
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CHRONOLOGICAL RECORD OF SUPERVISION

ישיייגת	Phillin	
DATE	TYPE	
7-10-90	P-CV	PO met with subject and his counselor,
		in Walnut Creek. It was confirmed that subject's sales
		job with the 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
a a company and the company of the c		and he substantiated this
		with a paycheck that was dated from 6-16 to 6-30-90 for
•		a total income He advised that he has a job
	<u> </u>	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
erz.		feels very confident that he is suited for sales. It
ar _{ze} .	1 ~ -	was also revealed that
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•		the state of the s
	}	, , , , , , , , , , , , , , , , , , ,
	İ	Subject
	,	was directed to maintain contact with PO and to keep his officer advised as to his home and employment
		situation.
		Sicuación.
7-19-90	C-T	On this date subjects counselor,
7 19 50		contacted PO and advised
		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	contacted PO on this date and advised
, .20 20		
	-	
	·	
		There was no mention
		of the job interview that subject was to be having
į	_	prior to his meeting with PO and his counselor.
		The second secon
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REDACTED (E(6)/(E(7)(c)

CHRONOLOGICAL RECORD OF SUPERVISION

DATE	TYPE			◄
7-26-90 C-T		Walnut Creek advised that the subject has been found to be a He has secured another job selling beauty cream called She advised the subject went with her		
		cream called She advised the s today and he does not appear too upset	ubject went with her	
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CHRONOLOGICAL RECORD OF SUPERVISION

•			AND THE SAME DAY AND THE DAY WERE DAY HOW DAY AND
	DATE	TYPE	
	. 8-13-90 ·	PTC 	Subj related that he is now working a sales person for This position is simular the pyramid structure of Am-Way. Subj is sell
			ing health products door to door. But he states that he does not need a license. His sponsor is Subj relates that he has advised his sponsor of his parole situation and offense and that he will probablely be contacted.
	8-15-90	CTC	No other problems were reported.

8-22-90 CTC

		This is an exception to her latest directive relative to the bugdget 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 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
11-2-90	C-TC	The supervisor at the reported that subj is no longger working for the nursing home but employees have reported to the supervisor that subj has contacted them at the facility looking for the supervisor didnot have the same stength of conviction relative to her

	}	CHRONOLOGICAL RECORD OF SUPERVISION
<u>DATE</u> 11-2-90	TYPE CONT D	support of subj that she displayed during earlier contacts with her. 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 unsucessful.
		e spatent and
and the second seco		
		:

Garrido, Phillip

Galliuo,	FULLTIP	
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.	
	The state of the s	
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.	
2-7-91	T/C.	
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 woyuld wee him	
٠.	every two weeks instead of every week. Once again his wife is almost totally silent. This is a limit of the land of the land of every thing he land of the land of	
2-27-91	says seems to be a act. I'll need to see him at home. T. Can't make it because he injured his back. Will come	
	back next week.	
3-5-91	PO/V Came in one camer PO manufit in the cast	
	P.O/V. Came in one early. PO wasn't in the office so subj. met w/ Reported no problems.	
4-8-91	T/C. Spoke to Subj. seems to be doing fine.	
	Reports for the las directed and no recent problems have surfaced.	* .
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	
and the second s	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.	## ## A
_		
5-5-91	T. Subj. called. Left message.	
5-8-91	T. To subj. Set up appt. at his home next week.	
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 begin to	
	talk about his recently deceased grandmother	
	Just as quickly be	

talk about his recently deceased grandmother Just as quickly, he composed himself and went on as the nothing had happened.

They took me on a tour of the place, showing his cording studio which although small is very well equipped. Apparently got lots of help from his mo. Right now he is working for his mo. 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 because the present. Will see again in about 4 weeks.

6-19-91 P.O/V. W/ wife. No major changes. He has been seeing 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.

JE. S. C. Daving

- 6-20-91 T/C. Call to All seems to be going as well as expected. Subj. and wife have they are continuing to work on them She see them every week.

They are going to discuss this in much more detail w/ today. Will O/V again in 2 weeks.

- P. O/V.

 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

 [NAncy's nephew also stayed w/ them for a few days.

 | but everything went ok w/ him as well. Still working for his mo. Nothing new on the other project.
- 8-14-91 T/C. Subj. keeping is regula contact. No new problems. He seems to be doing ok.

REDACTED

(B(6)/(S(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/ will report again in 4 weeks.
- 11-1-91 T/C. Call from
- P.O/V. Car problems. Missed last week. He didn't P.O/V. Car propress. Says that 11-5-91 Says that He acknowledges responsibility but feels that he had been terminated from Has two presentations lined up for next mo. Everything else seems to be ok. Subj. wants to cont. w/ 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 Ferm 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.
- 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 sxays 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 this venture. Everything else looks.ok. nancy as cheerful as ever. Will see after the holidays.
- 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 has really helped them thru their problems. Will

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- T/C. Cail to real CONCERN OVER SUBJ. DEMEANOR. he MISSED LAST APPT. He may need a check. He sounds a little She'll see him next week.
 - 2-19-92 T. She discussed case w/ and he's going to sched. reevaluation for review of

- 2-7-92 T/C. Call to rEAL CONCERN OVER SUBJ. DEMEANOR. hE MISSED LAST APPT. He may need a check. He sounds a little She'll see him next week.
- 2-19-92 T. She discussed case w/ and he's going to sched. reevaluation for review of
- 2-26-92 T. Call from Nancy. Request appt be moved to next week.

 OK.
- 3-4-92 T. Subj. left mess. that he can't come in today.

bee seeing Will come in in two weeks. 1-27-93 Reports that everything is going ok. No real changes.	
1-27-93 Reports that everything is going ok. No real changes.	
Seeing Seeing	
2-10-93 FTA	
2-11-93 Attempted H/V. No answer	
2-19-93 FTA.	
2-23-93 Attempted HV. No answer:	-
2-24-93 T. Will meet at Walnut Creek Office on Frid.	
2-26-93 On arrival at Walnut Creek found mess. that Subj would	
not be able to make it.	
2-26-93 T. Told subj to meet at W.C. office on 3-1-93.	
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.	
3-1-93 P.O/V. Met w/ subj and 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 fearsof PO.	
I told him that was not a reason not to keep appts. He	Angarantananggan
indicated his-understanding. made an appt w/ subj	Salara and an analysis of the salara and the salara
on 3-5 and I told him to come in every other Wednes.	
starting 3-10-93.	
	•

3-5-93.	T/C.	Su	ıbj mi	sse	d	and	appt	E.	w/ h	er i	on 3-5	-93. 5	he
	hasn't	been	able	to	get	thro	ugh	to	him	bу	phone	· [.
•													

3-10-93 FTA.

3-11-93 Attempted HV. No answer.

3-15-93 Staffed case. Decided to report to P.Comm

3-18-93 Warrant issued.

4-1-93 Subj arrested by US Marshall.



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Chronological Record of Supervision

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.
6-30-93	P-OV	With wife. Possible job as landscaper. Seems excited about prospect. All else about the same. Seeing weekly. Got \$43 parking ticket when he reported to EMP. Not happy about that. Otherwise, all OK. Will see 7/7/93.
7-21-93	P-OV	Nancy and Phillip reported. States he has made progress. Spoke with It is believed defendant Defendant also may have a job with 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?
7-28-93		SUMMARY OF EVENTS
····		Subject reported to P.O. 1 on 7/21/93. He appeared rattled and unsettled. He
		T/C'd 2 days later saying he was late for his and missed. I received message from that when he did on 7/27/93 he reported to and was very labile and unsettled. It appears that Need to
		potential danger to the community is high.
8-11-93	P-OV	This officer was informed by this officer will review the subject's
	er er er er er er	If so, refer the matter for violation hearing with the court. Defendant was admonished; he believes
-8-25-93	P-OV	Subject submitted States his job is going well. Works for
		felt USPO 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.
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.
11-27-93	С-Т	With Subject showed 10 minutes late.

REDACTED (B(d) (d)(d)(e) Chronological Record of Supervision

	o, inclu	
DATE	TYPE	
3-11-94	Т	Everything is going well. Did injure back and not sure about work. Will OV 3/14 a.m.
3-16-94	P-OV	With wife. Had been having side effects with
		Says things are settled more now than ever before. Has started working on self-help program again. Will continue to work. Paid biweekly with full paper routes. 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.
3-28-94	POV	With wife Nancy. Things are working well. 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 Goes back to work on 4-15-94.
		benefits. Will return next two weeks. Would like to find better paying job with
4-19-94	C-T	good overall. Looks
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.
5-16-94	P-OV	With wife. Job address: Nancy's working full time. Feels real progress. he's becoming less dependent on others. Job consists of inside/outside garden center. Not working with cash. Very excited over job. g - seeing regularly.
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:
	•	given. Reports it has improved his life (will see).
	J	

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Chronological Record of Supervision

pted to see subject at work. Not there. Didn't tell owner who I was.
n to test today at Walnut Creek office. No male USPO available. Will OV on 7-6-Dakland.
hing appears to be going well. Working M-W-F plus weekends full time, 40 hours. f. Much more settled and realistic. Seems to be doing very well. Nancy is g full time. Applied at Subject sees once per week.
verything is going OK. Still employed. Says past problems may have been ted with the says work-home going well. Talks a lot about his past and or he has come. He certainly does look a lot better. Nancy is going on the says will see the says at the says well.
in sound engineering.
ted CV at employment. Spoke to manager who said subject had not been around eks.
anager called him yesterday to tell him PO came by. Said PO did not ID himself. er was reluctant to disclose subject's true employment status. Subject showed PO f latest check and assured PO that he earned biweekly. All else going well. will reduce his visits to 1 every 2 weeks.
the She feels subject is doing very well. He's still fearful of P.O. and orking with him on this.
subject. Instructed him to submit pay statement with MR. Also, he missed ment on 11/23. Will OV 1/4 at 11 a.m.
th subject and wife. Reports everything seems to be OK. Says he hurt Missed appointment with PO but not with Has been ill with a cold as well. Not working as much because of Has worked out a deal with boss to make signs for the business. Feels things are ing slowly. Optimistic, but reality based as opposed to prior unrealistic goals. Will
n 2 weeks.
Subject seems to be doing very well. His ideas are much more pased.
continues to work part time. Wife working full time. They go for walks in the g. Lost his dogs but found them several days later. It was a traumatic experience
Says it was his fault and he's learned about his own level of responsibility. on with rearranging the entrance to the business. Will put up banner this weekend. paid a salary of per hour. Should get bonus if it works out well.
g full time. Applied at Subject sees once per well guild time. Applied at Subject sees once per well guild time. Applied at Subject sees once per well once

(Bichille(V)(c) () Chronological Record of Supervision

GARR	wo, Philli	r
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
5-2-95	C-CV	the side of the house to see if there was further indication of someone home, and there was not. Went to defendant's employer, 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	Т-Р	Called residence at 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 to the ordinary. Defendant is still
7-26-95	P-OV	Defendant reported. He appears to be doing well. Defendant continues to
		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 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 one time per month. He stated that said he does not need to see her anymore. I will call and find out if defendant should be not need to see her anymore. Next appointment is 11-1-95 at 4 p.m.
9-20-95	T-C	Inquiry message left on status.
9-25-95	T-C ;	Message from She stated defendant is no longer He is stable and she doesn't feel he is a danger to the community. Defendant will still need She recommended that he be discontinued
		-

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.
11-8-95	T-P	Defendant called. He reported things are going well. Defendant is seeing every two weeks. Defendant wants to reschedule his appointment. Left his phone number of
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 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
2-6-96	P-HV	Inspected residence. Defendant appears stable, with no contraband observed. Defendant is changing the name of his business to 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 P. 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.

7-12-96	P-OV	Subject' month, cards, w his area	s busin but the redding and for sinesses	ess appear re is great invitation and out wi	brought sames legitimate, at growth pot as and bookm hat they chargers out of his	. He cur ential. D arkers. A ged, and tl	rently is ea efendant is apparently, nen began u	rning appointment involved he contact inderbiddir	roximatel in printi- ed all the eg them y	per per per per printers in with various
		cards, whis area	edding and for inesses	invitation and out w	is and bookm hat they charg	arkers. A ged, and tl	apparently, nen began u	he contact inderbiddir	ed all the	printers in vith various
Ar 0	·	is curren	sinesses itly:	s. He wo	rks out of his	home and	has appro	ximately h	vo printe	rs Subject
		and the second								-
		no other	outstar e, the r	iding issue	es in this case ntment will b	e, and the	defendant o per 7, 1996	continues t at 3 p.m.	o be in c	There are ompliance.
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DATE	TYPE	
11-12-96	POV	D REPORTED W/WIFE. D TAKING
		And the second s
		D BUSINESS IS DOING WELL I REVIEWED D BUS. RECEIPTS ALL APPEAR LEGIT. D DIRECTED TO SUBMIT BUS. TAX RETURN.
2-26-97	TP	D SEES NEXT APPT. 2-27-97 AT 11:30AM. APPT CANCELLED DO TO
5-30-97	HV	AFFI CANCELLED DO TO
		OF BUS. RECORDS. D'APPEARS TO CONTINUE IN HIS POSITIVE ADJUSTMENT.
		D RESIDES AT THIS ADDRESS WITH HIS MOTHER, WIFE, AND FIVE PITBULL DOGS. D DIRECTED TO COMPL. 4/97 MSR AND THE REST TO MAIL IN.
8-6-97	TC .	IS NEVADA STATE PAROLE 445 HOT SPRINGS RD. #104 CARSON
	-	CITY 89706 REQUESTS COPY OF NEXT SUPERVISION REPORT
8-18-97	TC	DUB 12/97. MSG LEFT. FOR STATUS REPORT AND
0 20 3 .		VERIFICATION OF D ATTENDANCE.
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Chronological Record of Supervision

NAME	GARR	IDO, PHILLIP	OFFICER:
DATE	TYPE	DESCRIPTION	
11-16-97	ну .	NO RISK TO THE COMMUNITY. THIS ALS	NT HOME SAYS BUSINESS HAS IMPROVED. HE IS DOING VERY WELL. DEFENDANT IS UBMITTED A LETTER SAYING DEFENDANT IS RECOVERED AND DOING FINE. THERE IS SO CORROBERATES THE DEFENDANT'S RECOVERED AS DEFENDANT WILL BE SEEN AS NEEDED.
06-24-98	ну	CONTACTED DEFEN	IDANT'S MOTHER, DEFENDANT IS MAKING DELIVERIES DUE TO EMPLOYMENT. SHE
08-19-88	HV		R SHE STATES DEFENDANT IS IN CONCORD PICKING UP WORK SUPPLIES FOR PRINTING E FOR DEFENDANT TO REPORT 8/26/98 AT 11:00 A.M.
08-26-98	POV	FURTHERMORE, HE BROUGHT IN MONT	SS RECORDS INCLUDING HIS TAX RETURNS VERIFYING INCOME FROM THE BUSINESS. THLY REPORTS. DEFENDANT'S BUSINESS IS IMPROVING, HIS LAST FINANCIAL MONTH OF AUGUST. THIS OFFICER DOES HAVE A LETTER FROM.
		FILE REGARDING THE DEFENDANT'S COM WELL AND DEFENDANT REQUIRES MINIMA	IPLIANCE AND IS LITTLE OR NORISK TO THE COMMUNITY. CASE CONTINUES TO DO
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GARRIDO, P

Chronological Record of Supervision

DATE	TYPE	
		Control of
11-16-98	TC	ADVISED BY SUSP OF A KIDNAPING AND MURDER OCCURRING IN
		ANTIOCH OFF E. 18TH ST. CLOSE TO WHERE D LIVES. D PRIORS INVOLVED
		RAPE AND KIDNAPING. I CONTACTED ANTIOCH PD, I WAS REFERRED TO LT.
·		PITTSBURG PD. I CALLED, HE WASN'T IN. I LEFT
		A MSG WITH HIS SECTY. I DISCLOSED D NAME, DOB, PAROLE STATUS
j		ADDRESS, INSTANT OFFENSE, DESCRIPTION. ALSO THAT HE WAS
		I ALSO LEFT MY PAGER, OFFICE #.
11-17-98	HV	ATTEMPTED TO CONTACT D(1:30PM) SHADES
		WERE DRAWN. NO ONE ANSWERED DOOR WHEN I KNOCKED. I ATTEMPTED
Į		TO CALL D AT NO ANSWER. I AND USPO SURVEILLED
ļ	المراجعين	THE RESIDENCE, NO ACTIVITY OBSERVED. LILEFT AN APPT NOTICE
		DIRECTING D TO REPORT ON 11/18/98 AT 11:30AM.
11-17-98	T-P	D LEAVES V MAIL MSG RE ABOVE. SAYING THERE IS NO PROBLEMS AND HE
	•	WILL BE THERE.
11-18-98	POV	D REPORTS WITH HIS WIFE NANCY. D'SAYS " I KNOW WHY YOU CALLED ME
i		IN. BECAUSE OF WHAT HAPPENED TO THAT GIRL IN ANTIOCH". D STATES
		HE WAS SEEING AT THE TIME. HE WAS IN
		ORINDA AROUND 12:30 OR 1:00PM. D SAYS HE IS D APPEARED
		D APPEARED
		MENTALLY STABLE. HE TALKED ABOUT HIS PRINTING BUSINESS. D SAID
1		THING WERE GOING GREAT. I ASKED WHERE D KEEPS HIS COMPUTERS, HE
		SAID D SAID HE DIDN'T KNOW THE
		ADDRESS. D SAID THE AREA WERE THE GIRL WAS KIDNAPED WAS A HIGH
l	,	CRIME AREA, AND HE SAW A HITCH HIKER THEIR THIS MORNING. D SAID HE
		IS ALWAYS HOME BY 5:00PM AND DOESN'T GO OUT, BECAUSE OF THE HIGH
		CRIME, D DIRECTED TO PROVIDE COPIES OF HIS PAY STUBS WITH MSRS.
11-18-98	T-C	I CONTACTED LEFT V-MAIL MSG RE MY INTERVIEW WITH D,
		AND WHETHER HE IS A SUSPECT.
11-19-98	T-C	LEAVES A V-MAIL STATING THE HAVE NO SUSPECTS AND
		ARE INTERESTED IN ANYONE I HAVE PAROLED OUT TO THAT AREA
11-19-98	T-C	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.
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USPO Chronological Record of Supervision GARRIDO, P

Omicia	·, ·	
DATE	TYPE	
11-23-98	CV	I WAS PAGED BY PITTSBURG POLICE DET. 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
11-23-98	T-C	SHOWED ME A PHOTO OF THE SUSPECT THAT WAS DESCRIBED BY A WITNESS, IT DIDN'T MATCH D DESCRIPTION. I ARRANGED FOR DET TO VIEW THE FILE TODAY. POLICE WILL KEEP ME POSTED ON ANY DEVELOPMENTS. CALL FROM HE SAYS HE SAW D ON 11-6-98. D S. D APPEARS STABLE. D IS FOCUSED ON PRINTING BUSINESS. D APPEARS HAPPY WITH HIS LIFE.
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RECENT STRING OF KIDNAPINGS AND MURDERS THAT HAVE OCC								GARRIDO, P		
4-19-99 HV D NOT HOME INTERVIEWED MS. GARRIDO, D MOTHER. SHE ADVIS WORKING AND WON'T BE HOME FOR A FEW HOURS. SHE REF CONTINUES TO IMPROVE AND IS DOING WELL. SHE WAS GIVEN NOTICE FOR D TO REPORT ON 5-11-99@2:00PM. RECEIVED THIS DATE A TERMINATION NOTICE FROM USPC DISCHAFFROM PAROLE EFFECTIVE 3-9-99. CLOSE CLOSING CHRONO: ON 5-3-99 I RECEIVED A DISCHARGE CERTIFICATE FROM THE TERMINATING PAROLE SUCCESSFULLY BEFECTIVE 3-9-99. D HA COMPLIANT ON SUPERVISION WHILE ASSIGNED TO THIS OFFICER OF D HAS PARTICIPATED WHICH HAS CHANGED D WITHINKING. LIFESTYLE. DURING A RECENT KIDNAPING PITTSBURG P.D. WAS ALL TO D PRIOR RECORD AS IT WAS SIMILAR TO THE ABOVE OFFENSE. CLEARED BY PITTSBURG POLICE OF BEING A SUSPECT. FURTHERMODESCRIPTION OF THE SUSPECT DOESN'T MATCH WITH D DESCRIPTION.				,ī,				TYPE	E	DATE
WORKING AND WON'T BE HOME FOR A FEW HOURS. SHE REF CONTINUES TO IMPROVE AND IS DOING WELL. SHE WAS GIVEN NOTICE FOR D TO REPORT ON 5-11-99@2:00PM. RECEIVED THIS DATE A TERMINATION NOTICE FROM USPC DISCHART FROM PAROLE EFFECTIVE 3-9-99. CLOSE CLOSE CLOSING CHRONO: ON 5-3-99 I RECEIVED A DISCHARGE CERTIFICATE FROM THE TERMINATING PAROLE SUCCESSFULLY EFFECTIVE 3-9-99. D HA COMPLIANT ON SUPERVISION WHILE ASSIGNED TO THIS OFFICER OF THINKING. D HAS PARTICIPATED WHICH HAS CHANGED D WITHINKING. LIFESTYLE. DURING A RECENT KIDNAPING PITTSBURG P.D. WAS AND TO D PRIOR RECORD AS IT WAS SIMILAR TO THE ABOVE OFFENSE. CLEARED BY PITTSBURG POLICE OF BEING A SUSPECT. FURTHERMODESCRIPTION OF THE SUSPECT DOESN'T MATCH WITH D DESCRIPTION	RECENT STRING OF KIDNAPINGS AND MURDERS THAT HAVE OCCURRED. THIS CALL WAS RECEIVED FOLLOWING NY INQUIRE WITH PITTSBURG POLICE						2-5-99 T-C			
5-3-99 L RECEIVED THIS DATE A TERMINATION NOTICE FROM USPC DISCHAR FROM PAROLE EFFECTIVE 3-9-99. 5-3-99 CLOSE CLOSING CHRONO: ON 5-3-99 I RECEIVED A DISCHARGE CERTIFICATE FROM THE TERMINATING PAROLE SUCCESSFULLY EFFECTIVE 3-9-99. D HA COMPLIANT ON SUPERVISION WHILE ASSIGNED TO THIS OFFICER OF THINKING. D HAS PARTICIPATED WHICH HAS CHANGED D WITHINKING. LIFESTYLE DURING A RECENT KIDNAPING PITTSBURG P.D. WAS AID TO D PRIOR RECORD AS IT WAS SIMILAR TO THE ABOVE OFFENSE. CLEARED BY PITTSBURG POLICE OF BEING A SUSPECT. FURTHERMODESCRIPTION OF THE SUSPECT DOESN'T MATCH WITH D DESCRIPTION.	ORTS D	. SHE REPORTS	FEW HOURS. : VELL. SHE WA	HOME FOR A ND IS DOING V	WON'T BE IMPROVE A	KING AND TINUES TO	WORK CONT	IV	.99 H	4-19-99
ON 5-3-99 I RECEIVED A DISCHARGE CERTIFICATE FROM THE TERMINATING PAROLE SUCCESSFULLY EFFECTIVE 3-9-99. D HA COMPLIANT ON SUPERVISION WHILE ASSIGNED TO THIS OFFICER OF THINKING. D HAS PARTICIPATED WHICH HAS CHANGED D VITHINKING. LIFESTYLE. DURING A RECENT KIDNAPING PITTSBURG P.D. WAS AID TO D PRIOR RECORD AS IT WAS SIMILAR TO THE ABOVE OFFENSE. CLEARED BY PITTSBURG POLICE OF BEING A SUSPECT. FURTHERMODESCRIPTION OF THE SUSPECT DOESN'T MATCH WITH D DESCRIPTION.	lGING D	PC DISCHARGING		TON NOITAND	DATE A TER	IVED THỊS	RECE	•	9 L	5-3-99
TERMINATING PAROLE SUCCESSFULLY EFFECTIVE 3-9-99. D HA COMPLIANT ON SUPERVISION WHILE ASSIGNED TO THIS OFFICER OF D HAS PARTICIPATED WHICH HAS CHANGED D W THINKING. D APPEARS TO BE LIVING A PO LIFESTYLE. DURING A RECENT KIDNAPING PITTSBURG P.D. WAS AI TO D PRIOR RECORD AS IT WAS SIMILAR TO THE ABOVE OFFENSE. CLEARED BY PITTSBURG POLICE OF BEING A SUSPECT. FURTHERMO DESCRIPTION OF THE SUSPECT DOESN'T MATCH WITH D DESCRIPTION	•				NO:	ING CHRO	CLOS	LÖSE	9. C	<u>5-3-99</u>
THINKING. R. D APPEARS TO BE LIVING A POLIFESTYLE. DURING A RECENT KIDNAPING PITTSBURG P.D. WAS AID TO D PRIOR RECORD AS IT WAS SIMILAR TO THE ABOVE OFFENSE. CLEARED BY PITTSBURG POLICE OF BEING A SUSPECT. FURTHERMODESCRIPTION OF THE SUSPECT DOESN'T MATCH WITH D DESCRIPTION.	S BEEN	-99. D HAS BE	FECTIVE 3-9-99	CESSFULLY E	PAROLE SU	INATING :	TERM			
TO D PRIOR RECORD AS IT WAS SIMILAR TO THE ABOVE OFFENSE. CLEARED BY PITTSBURG POLICE OF BEING A SUSPECT. FURTHERMO DESCRIPTION OF THE SUSPECT DOESN'T MATCH WITH D DESCRIPTIO	AY OF			WHICE	PATED .		1	•		
CANTEENS HAVE BEEN SATISFIED AND EXPIRES SUCCESSFULLY.	D WAS RE THE	OFFENSE. DW URTHERMORE T	THE ABOVE OF SUSPECT. FUR	AS SIMILAR TO CE OF BEING A	ORD AS IT TSBURG PO	PRIOR REC RED BY PIT	TO D CLEAR			
		FULLY.	RES SUCCESSFU	FIED AND EXP	BEEN SAT	EENS HAV	CANT	a		
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Chronos / Client History

Mr. Phillip Craig Garrido (000711)

Back to Chrono



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			,		Add New Chrono	
	Date	Description	· · · · · · · · · · · · · · · · · · ·			
	08/28/2009		-			
	08/08/2000	Entry in chronos at 11:00 by news reports, and the crim record check O appears he was on CDC parole for the New federal offense, which was kidnapping. The	Thad no new conviction listed. 1999 (ada State Rape Conviction which oc	O reg per 290 l curred during t	°C; as it he 1977 instant	
,		Post Conviction: D Entry in chronos at 10:21 by	Ran CLETS for		4	
	08/28/2009	Post Conviction: GEN-STAFF, OTHE	<u>R</u>	Francisco de como de como		
		Entry in chronos at 07:30 by	Issue driven staffing with DCUSPO	2I	this case I	
		advised of what I recalled. The file has been case. DCUSPO delication with the file has been case. DCUSPO delication with the file has been requested a crim record check to determine supervision. It should be noted that Court ju	ordered from FRC. The media cove Agi what other offenses may have occur	rage continues g me. DCUSP(•
	08/28/2009	Post Conviction: CT	The second secon			
		Entry in chronos by Relephone is an attorney in Sacramento, his office number is now a private attorney. He is now a supervising him. I supervision. Told him that he would have to	e and some other people are followi Te is trying to piece together what w	as going on wit	wants to see if h his	·- ··
	08/27/2009	Post Conviction: OTHER Entry in chronos by Marie 11 heard for kidnapping and rape on 8-26-2009, Appe	several news reports on the 0 being	arrested	4 - 2011-21:0-2-:11	
•		1989, and kept her hostage. O then fathered	two children with the victim A was	errested at the	CDC state	
	- ,	parole-office in Concord-It-appears O-was c			he notoriety in	• • • • • • • • • • • • • • • • • • • •
		this case.				
	<u>07/02/2009</u>	Post Conviction: PT, GEN-STAFF Entry in chronos by Telepho 6-26-09 while I was on leave. O left his call a stated he has a "incorperation" a church. O with m eto share it. I explained to O we no left favors only perhaps who he should talk to re and talk to her. I asked O why he sta	back O was than then said he has a program to help i onger have jurisd. in his case. O the. his program. O then said maybe I w ted he wants to show how he can ha	kful of the help nmates. O want n said he does t ill wait until ve appropriate	I provided. O ted to meet not want any returns contact. O	
		stated he is still in therapy. I advised O it wo attention and suggested he mail me info on h could talk to re his new program. I called OS offense involved kidnapping and rape/sexual to report the above.	is program and I could perhaps sug SM	gest an appropi to speak to	riate person he O instant	
	08/16/2001	Start of new Residence address for this client	- valid up to <i>today</i> .			
}						

\$8(6)/108.2)(inj

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 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. SUPERVN REPORT. 02/12/1996 Post Conviction: Assignment and submission of investigation regarding Supervision Prog Rpt by Officer 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. SUPERY REPORT. 06/15/1989 0978 3:00 CR36377-136: Beginning of supervision. ParaletMandatary 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 06/15/1989 0978 3:00 CR36377-136: Set Term of supervision Parole/Mandatory Release for 477 Month(s) expiring on 04/10/2027. 12/15/1988 0978 3:00 CR36377-136: Unknown Action Type [ACTV]. 04/11/1977 0978 3:00 CR36377-136: Imposition of sentence by unidentified judge. The offender was convicted of a felow under the Criminal Citation 99: AOPH-7600.F (Kidnapping (18:1201,1202)), and received the following terms - 600 Month(s) of Prison.



Linda Connelly & Associates, Inc.

June 4; 1993

UNITED STATES FEDERAL PROBATION OFFICE 1330 Broadway Suite 400

Oakland, CA 94612 2504

Re: Phillip Garado

Reg. No. 36377 136;

JIN & 1993

U.S. PROBATION OFFICE NUMBERS DIST. CALIF. OASTAND

Dear

Enclosed is the LCA - 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:

Case Manager

ELECTRONIC MONITORING PROGRAM INFORMAL INCIDENT REPORT

Date: June 4, 1993

NAME: Phillip Garrido Register Number: 36377-136

Probation Officer:

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

SANCTIONS / RECOMMENDATION:

Mr. Garrido was verhally reprimanded for failing to report for his scheduled office meeting.

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:

/ Case Manager/

e: <u>6/4/93</u>

Approved By:

/ Director

Date: 6/4/93

I have read and understood the above plolations and agreed to abide by the sanctions as listed above.

Client Signature:

Date: 6/4/9

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



RECEIVED

July 16, 1993

JUI 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

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 he sitate to call.

Sincerely,

Case Manager

Enc.

Linda Connelly & Associates, Inc.

ELECTRONIC MONITORING PROGRAM PROGRESS REPORT

REPORT PERIOD: May 10, 1993 - July 10, 1993

Probation Officer: I

Date: July 16, 1993

PERSONAL

Phillip Garrido

Living with: Wife & Mother

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

STAFF/CLIENT CONTACT
DURING REPORTING PERIOD

Office Visits: May 17, 28,

June 4, 10, 24,

July 1, 8

Community Visits: 5/10, 6/16

VIOLATIONS

Curfew: None

Positive Tests: Available Through

USPO

Incident Reports: 6/3/93 - Failure

to Report For Scheduled

Office Meeting

EMPLOYMENT

Not employed

Position:

Hours:

Supervisor:

COUNSELING & SUBSTANCE

ABUSE TESTING



COMMUNITY SERVICE

Agency: N/A

Address:

Hours Per Week:

Hours Completed:

Supervisor:

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.



(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:

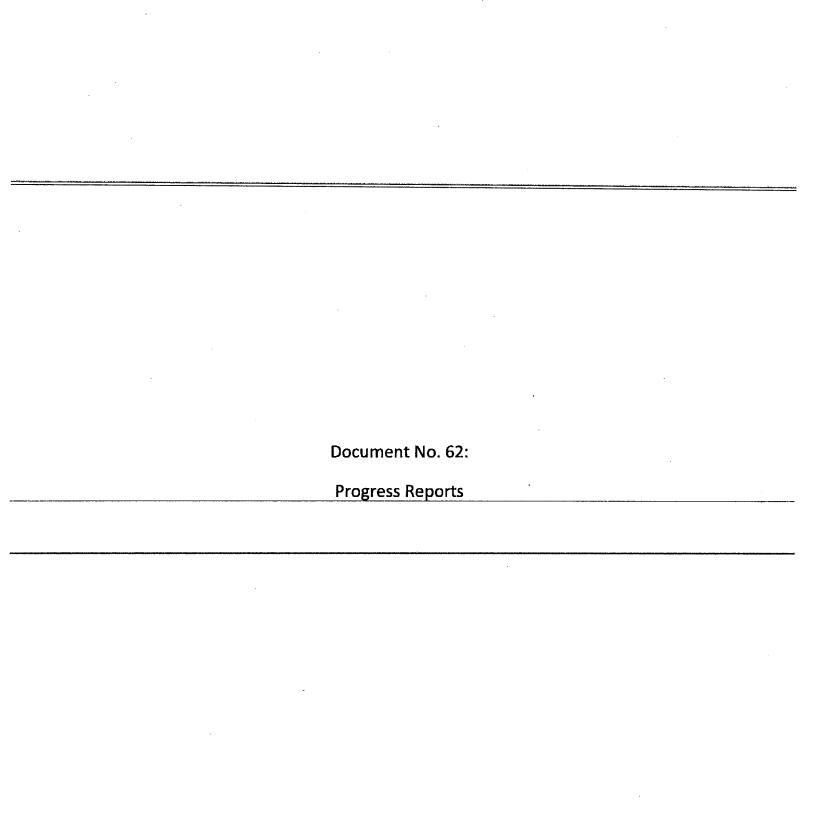
7 Case Mahag

Date: 7/16/93

Approved By:

ector

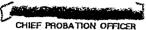
Date: 7 20 93



62

UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA PROBATION OFFICE



THE THOUSEN

U.S. COURT HOUSE
450 GOLDEN GATE AVENUE
SUITE #18400
POST OFFICE BOX 36057
SANTHANEISCO, CA \$4102-348

COM:415-556-0200 FTS: 556-0200 FAX: 415-556-5351



PLEASE REPLY TO:

1330 BROADWAY SUITE #400 OAKLAND, CA 94012-25

COM:415-273-7101 FTS: 536-7101 FAX: 415-273-6350

December 3, 1991

Mr. Supervisor

Department of Parole and Probation

State of Nevada

1445 Hot Springs Rd., #104

Carson City, NV 89710

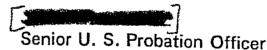
RE: GARRIDO, Phillip Your #L88/89-163

Dear Mr.



Please be advised that Mr. Garrido remains under the supervision of this office and there have been no problems up to this point.

Sincerely





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

UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA PROBATION OFFICE



U.S. COURT HOUSE 450 GOLDEN BATE AVENUE

SUITE #18400 POST OFFICE BOX 36057 SAN FRANCISCO, CA 84102-348

TF1 - 415-558-0200

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



PLEASE REPLY TO:

1330 BROADWAY
SUITE #400
.OAKLAND, CA 94613 250

TEL: 510-273-7101 FAX: 510-273-6350

November 6, 1992

State of Nevada
Department of Parole and Probation
1445 Hot Springs Road, #104
Carson City, NV 89710

Attention:

Supervisor

Interstate Services

RE:

GARRIDO, Phillip

No. L88/89-163

PROGRESS REPORT

Dear Mr.



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

If you have any additional question, please feel free to contact me at

. ^

Sincerely,

Senior V. S. Probation Officer

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

UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA PROBATION OFFICE



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 94612-5206

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

June 6, 1995

Probation/Parole Officer

Interstate Services
Capitol Complex
1445 Hot Springs Rd., No. 104
Carson City, NV 89710

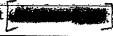
RE: GARRIDO, Phillip

Your No.: NV# L88/89-0163 - CC# 318964

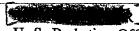
Dear Ms.

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



Sincerely



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 DEFICE ROX 36057 SAN FRANCISCO, CA 94102-3487

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



PLEASE REPLY TO:

1301 CLAY STREET SUITE 220S

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

March 5, 1996

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

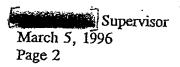
In response to your request for a progress report, which was received by our office on March 1, 1996, the following correspondence is being provided:

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 with his wife, Nancy.

On September 25, 1995, this officer was advised by the defendant's 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

or police contacts, and the subject is currently seen approximately every two to three months by this officer.

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



RE: GARRIDO, Phillip

()

If you have any questions regarding this report, please contact me Sincerely, U. S. Probation Officer

Documents No. 65: Presentence Report (E(6)/(B(7)(c)



PROBATION FORM 2 FEB 65

UNITED STATES DISTRICT COL DISTRICT OF NEVADA PRESENTENCE REPORT

NAME Phillip Craig GARRIDO

DATE March 8, 1977

Washoe County Jail Reno, Nevada

R-76-88 RP

OFFENSE Kidnapping 18:1201(a)(1)

LEGAL RESIDENCE



Imprisonment for any term of years or for life.

Male SFY

White

United States

EDUCATION

High School Graduate

verbict Guilty, 2/11/77.

MARITAL STATUS

Married

customy Washoe County, Nevada, date of arrest, 11/23/76 to present; Federal, writ of habe

ASST. U.S. ATTY/ COTPUS ad prosequend:

SOC. SEC. NO.



FBI NO.

No Return

DEFENSE COUNSEL Federal Public Defender Reno, Nevada

DETAINERS OR CHARGES FENDING: (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, California, 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.

Confidential Property of U.S. Courts

Submitted for official use of U.S. Parole Commission and Federal Burnau

of Prisons, to be returned after such use or upon request. It was available for review by the defendant and counsel orior to sentencing. Disclosure authorized with to comoir with 18 USC 4208(D) (2).

March 11, 1977

HONORABLE BRUCE R. THOMPSON

SENTENCING JUDGE

DISPOSITION



##1-#1---- 6-21-78-75H-1705

OFFENSE:

Records of the investigative agency Official Version. 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. 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.

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



After entering the shed, the defendant removed the hand-cuffs 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 [1...] 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.





(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 interferred 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 <u>it happen</u> & 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,





(E(5)/(b(7)/c)

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.

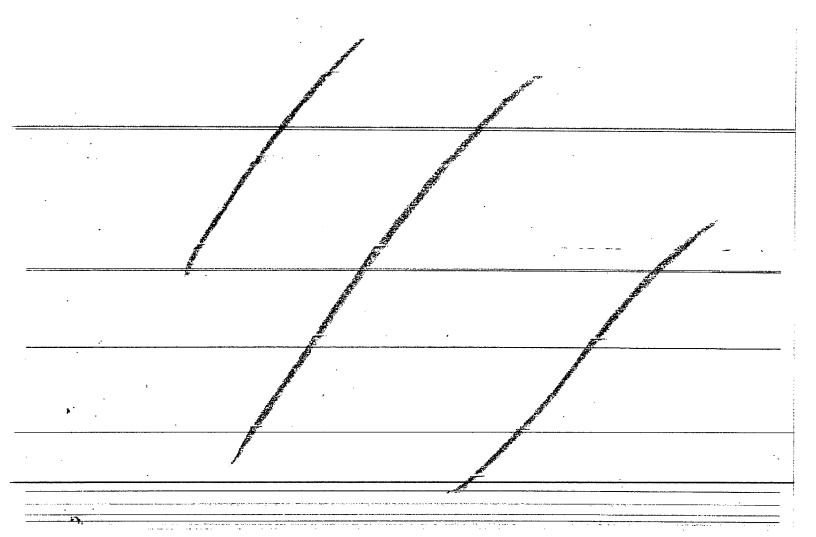
Date .

<u>Offense</u>

Place

Disposition





11-23-76 1) Rape; 2) Kidnapping; Reno, Charges pending, trial (age 25) 3) Infamous Crimes Nevada Set for 3-28-77, 2nd Against Nature; 4) Judicial District Court Against Nature; 4) Possession of Controlled Substance.

Reno, Nevada.

Refers to State portion of instant offense.





(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:

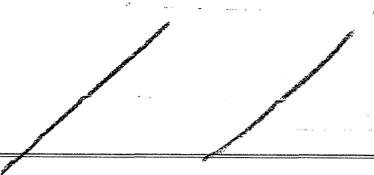




MARITAL HISTORY:







HOME AND NEIGHBORHOOD:

Garrido indicated that from February of 1975, to the date of the instant offense, he and his wife resided at 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.



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

EMPLOYMENT:

The defendant reported no other occupational interests or any other means of making a living.

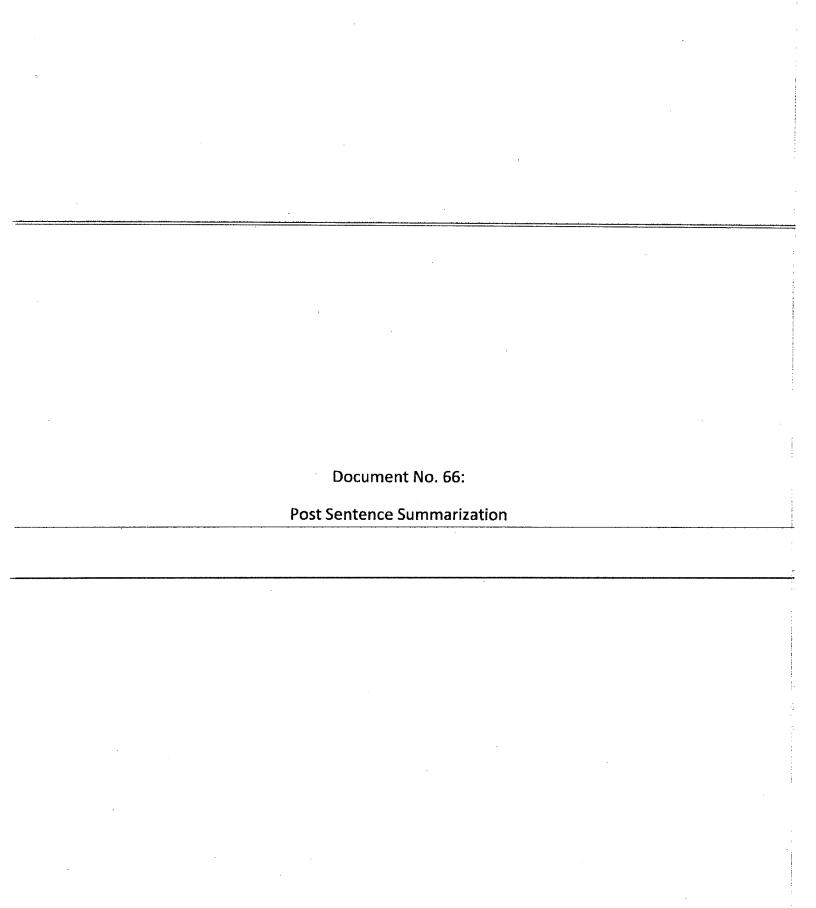
MILITARY SERVICE:

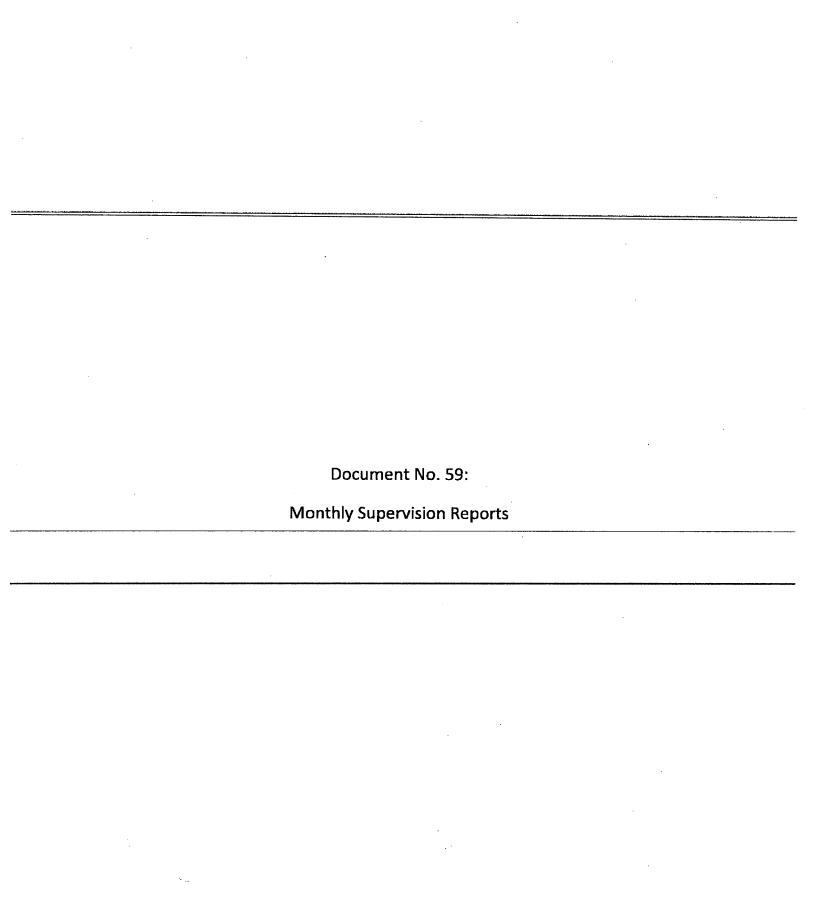
None.

FINANCIAL CONDITION:

Las Vegas, Nevada March 8, 1977 Respectfully submitted,

U. S. Probation Officer





(All ques	SUPERVISIO	REDACTED HONTH OF the month indicated	above and must be	, 19 <u>%</u> completely answered
				····

Name: Phillip C. Larreda	Telephone Number:
Street andd Mailing Address:	Have you moved? Yes No
	If yes, give date and explain:
	and the captain:
a de la companya del companya de la companya del companya de la co	
List all persons In your residence:	Have you changed jobs? Yes No
	If yes, explain:
A. C.	
Name and Address of employer or	If unemployed, how did you support
school:	yourself?
	\mathcal{L}
•	
Job description and gross amount earned:	List debts past due and amounts:
maintenance Superior	
Macrocoreum so por post	NONE
How many days of work or school did you miss? Why?	Were you arrested or questioned by
miss? Why?	law enforcement officials? Yes No X
	Date: Place: A
Tanada alaman and an ana an an an an an an an an an an an	Details: no find 1/17/89
List all money received other than from employment (include spouse's income).	Details:
Give source:	The same of the sa
	List any anticipated travel for the next
	30 days: NONE
	NONE
List all vehicles owned or driven by you:	If you have a fine or restitution
YEAR MAKE COLOR LIGENSE NO.	obligation, have you made your payment
1.83 Jueblid Blue	this month? Yes No
\ 2. 3.	If no, explain:
4.	
	mental health aftercare or community service),
did you miss any scheduled sessions?	
NOTE: A FALSE OR DISHONEST ANSWER TO A QUESTION	ON IN THIS REPORT MAY RESULT IN REVOCATION OF
PROBATION, PAROLE, OR OTHER SUPERVISION	
SIGNATURE:	DATE:
Please mail me additional supervision	REGERMAN
\BATION OFFICER Date	JAN 09 1989 RETURN THIS REPORT TO:
	S. Oo. h.
WIS:	U. S. Probation Officer OANIANT CAUF. 201-13th St. P.O. Box 719
·	201-13th St. P.O. Box 719
in the second second second second second second second second second second second second second second second	Oakland, CA 94604

(B(6)/(B(7)(c)	⊋EDACTED .
SUPERVISION EDITOR MONT	H OF Chen. 1989
/ (All questions pertain to the month indic	ated above and must be completely answered)
Name: Phillip Lavida	Telephone Number:
Street andd Mailing Address:	Have you moved? Yes Ho
	If yes, give date and explain:
List all persons in your residence:	Have you changed jobs? Yes No X
wife Moth	If yes, explain:
nancy Garredo-wife	
Name and Address of employer or .	
school:	If unemployed, how did you support yourself?
	0 (1)
	no peak
Job description and gross amount earned;	List debts past due and amounts:
maintennee Supervisor	Ś
How many days of work or school did you	Viene and a second and a second as a secon
miss? (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).	Details:
Cive cource.	
Rancy Garredo	List any anticipated travel for the next 30 days:
·	
List all vehicles owned or driven by you: YEAR MAKE COLOR LICENSE NO.	If you have a fine or restitution obligation, have you made your payment.
1.88 fontiac Blue	this month? Yes No
2. 3.	If no, explain:
4.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	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 of vige),
did you miss any scheduled sessions?	(B(6)/(E(7)(c)
NOTE: A FALSE OR DISHONEST ANSWER TO A QUESTION PROBATION, PARQLE, OR OTHER SUPERVISION	ON IN THIS REPORT MAY RESULT IN REVOCATION OF (18 USC 1001).
SIGNATURE TO THE TOTAL OF THE SIGNATURE TO THE SIGNATURE SIGNATURE TO THE SIGNATURE SIGNATURE TO THE SIGNATURE SIGN	DATE: 1/1/8-9
Please mail me additional supervisio	n report forms.
- Todal.	
PROBATION OFFICER (8(6)) Date 2/8/89	RETURN THIS REPORT TO:
COMMENTS: Date 2/ 8/87 COMMENTS:	U. S. Probation Officer
-	201-13th St. P.O. Box 719
	Oakland, CA 94604

b(6) and (7)(C) SUPERVISIC REPORT FOR MONT (All questions pertain & the month indic	H OF FOB. 1989 ated above and wast be completely answered)
Name: PHILLIP GARRIDO	Telephone Number:
Street andd Mailing Address:	Have you moved? Yes No A If yes, give date and explain:
List all persons in your residence: (B(6)/(B(7)(c)	Have you changed jobs? Yes No.
Monicy Goppins	
Name and Address of employer or school: (8(6)/(8(7)(c)	If unemployed, how did you support yourself?
Job description and gross amount earned: MHNHCNAMEE Supervisor	List debts past due and amounts:
How many days of work or school did you miss? Why?	law enforcement officials? Yes No If yes:
List all money received other than from employment (include spouse's income). Give source:	Date: Place: RECE/VED MAR
MARK GREETS	List any anticipated trayed for the Great 30 days: NORTHERN DISTORDER OAK DISTORDER
List all vehicles owned or driven by you: YEAR MAKE, COLOR LICENSE NO. 1. 88 FONLIAC Blue 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),

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 DISHON	EST ANSWER TO A QUESTION	IN THIS REPORT MAY RESUL	T IN REVOCATION OF
PROBARION, PAROLE	, OR OTHER SUPERVISION ()	18 USC 1001).	
SIGNATURE:	12 (20)	DATE: 3-1-89	
Please mail me	additional supervision	report forms.	

PROBATION OFFICER

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

Date 3.6.8

COMMENTS:

RETURN THIS REPORT TO:

U. S. Probation Officer 201-13th St. P.O. Box 719 Oakland, CA 94604

6) and (7)(C) SUPERVISION REPORT FOR MONTH	or MARCH REDACTED ted above and MUS completely answered)
Name: Philip Larreda	Telephone Number:
Street and Mailing Address (Include Zip Code):	Have you moved? Yes No yes, give date and explain:
(B(6\/(B(7)(c)	1
List all persons in your residence: (B(6)/(B(7)(c) Mother	Have you changed jobs? Yes No If yes, explain:
nancy Gand - wife	pretrife 9/88
Name and Address of employer or school:	d you support yourself?
	Je je
(E(6)/(E(7)*)	softe - so su
Job description and gross amount earned: (Muntenance Super	List debts past due and amounts:
grance cogs	
How many days of work or school did you	Were you arrested or questioned by law
miss? Why?	enforcement officials? Yes No (
	Date: Place:
List all money received other than from employment (Include spouse's income)	Details:
Give source. Mency - Job	
J	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,
YEAR MAKE COLOR LICENSE NO. 1. Y8 fortion But	have you made your payment this month? Yes No
2.66 DODGE GREEN	If no, explain:
4-	
If you have a Special Condition (Alcohol, Drug.)	Mental Bealth Aftercare or Community Service),
did you miss any scheduled sessions?	(β ₍ δ)/,β ₍ 7)(c) *
NOTE: A FALSE OR DISHONEST ANSWER TO A QUESTION PROBATION PAROLE, OR OTHER SUPERVISION (IN THIS REPORT MAY RESULT IN REVOCATION OF
SIGNATURE	DATE: 4/1/39
Please mail me additional Supervision	Report Forms.
PROBATION OFFICER: Date: 4/7/8	RETURN THIS REPORT TO:
COMMENTS:	U. S. Probation Officer
• •	1330 Broadway, Room #400 Oakland, CA 94612

(b) and (7) (SOPERVISION RI RT FOR MONTH	or April 19 ACTED ted above and MUST completely answered)
$n \mid 1 \mid 1 \mid 1 \mid 1 \mid 1 \mid 1 \mid 1 \mid 1 \mid 1 \mid $	tomplecely answered)
Name: Phillip Lavido	Telephone Number:
Street and Mailing Address (Include Zin Code):	Have you moved? Yes No
(b(b)/(b(7)(c)	If yes, give date and explain:
List all persons in your residence: (B(6)/(B(7)(c)	Have you changed jobs? YesNo
(Blo)/(Blo)	RECEIVED
Mances Grassind - colulia	WE CLASE
Sometime and the	MAY 10 1989
Name and Address of employer or school	We pure the your support yourself? WE PROBATION OFFICE PRINERS DIST. CALIF.
	
(B(6)/(B(7)(c)	CAKLAND
Job description and gross amount earned:	and amounts:
Mointenance Superword	1 ///
Bow many days of work or school did you	Were you arrested or questioned by lag
miss?(B(6)/(B(7)(c)	enforcement officials? Yes No
	Date: Place:
List all money received other than from	c ·
employment (Include spouse's income) Give source. X/D///S	Details:
180166	-
Spaises Income (B(6)/(B(7)(c)	List any anticipated travel for the next 30 days:
(B(6)/(B(7)(c)	\mathcal{G}
List all vehicles owned or driven by you:	If you have a fine or restitution obligation,
1. 15 TOTO TOTO LICENSE NO.	have you made your payment this month?
2.66 VODER GREEN-	If no, explain:
3. 4. (B(6)/(B(7)(c)	
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If you have a Special Condition (Alcohol, Drug,	ental Health Aftercare or Community Service),
did you miss any scheduled sessions?	Intervenies.
NOTE: A FAISE OR DISHONEST ANSWER TO A QUESTION	(B(6)/(B(7)(c) IN THIS REPORT MAY RESULT IN REVOCATION OF
PROBATION, PAROLE, OR OTHER SUPERVISION (1	
SIGNATURE:	DATE: 97) ory 8 1979
Please mail me additional Supervision F	Report Forms.
PROBATION OFFICER: Date:	RETURN THIS REPORT TO:
COMMENTS:	
	U. S. Probation Officer 1330 Broadway, Room #400
	Oakland, CA 94612

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b(6) and (7) SUPERVISION REPORT FOR MONTH questions pertain to a month indica	ted above and MUS be completely answered)
philip Luru do	Telephone Number: (B(6)/(B(7)(c)
/and Mailing Address (Include Zip Code):	Have you moved? Yes No No If yes, give date and explain:
(B(6)/(B(7)(c)	ir yes, give date and explain:
all persons in your residence:	
(B(6)/(B(7)(c) //0/1-1-1	Have you changed jobs? Yes No If yes, explain:
MAKY GARRING-wife	
Name and Address of employer or schools	If we loved her lile
	If unemployed, how did you support yourself?
(B(6)/(B(7)(c)	
Job description and gross amount earned:	List debts past due and amounts:
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(B(6)/(B(7)(c)	
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employment (Include spouse's income) Give source.	Details:
MAICH CORRETADE	
MAGI DAIDEOS	List any anticipated travel for the next 30 days:
List all vehicles owned or driven by you:	If you have a fine or prestitution obligation,
YEAR MAKE COLOR LICENSE NO.	have you made your payment this month. Yes No
2.66 DODGE CHEEN - (8/6)/(8/7)/6)	If no, explain: JUN 6 1989
4. (B(6)/(B(7)(c)	U.S. PROBATION OFFICE
. [[CERTHERN DIST. CALIF.
If you have a Special Condition (Alcohor, Drug,	EAKLAND lental Health Aftercare or Community Service),
did you miss any scheduled gessions?	
	(B(6)/(B(7)(c)
NOTE: A FALSE OR DISHONEST ANSWER TO A QUESTION PROBATION, PAROLE, OR OTHER SUPERVISION (1	IN THIS REPORT MAY RESULT IN REVOCATION OF
SIGNATURE: SIGNATURE:	DATE: 6/2/89
Please mail me additional Supervision R	eport Forms.
PROBATION OFFICER: Date: 1.1714	RETURN THIS REPORT TO:
	AND THE RELEASE TO
COMMENTS:	U. S. Probation Officer
	1330 Broadway, Room #400 Oakland, CA 94612

b(6) and (7)(G)PERVISION F ORT FOR MONTH (All questions pertain to month indicate)	ated above and MUS. e completely answered)
Name: Philip Laudie	Telephone Number: (B(6)/(B(7)(c)
Street and Mailing Address (Include Zip Code): (5.5)/(2(7/2))	Have you moved? Yes No If yes, give date and explain:
List all persons in vour residence: i - MOM NANCY GRAPPO - WIFE	Have you changed jobs? Yes No. If yes, explain:
Name and Address of employer, or school:	If unemployed, how did you support yourself?
(B(5)/(B(7)(c)	
Job description and gross amount earned: Munuman 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 official? Test V no I lif yes: Date: Place: 1989
List all money received other than from employment (Include spouse's income) Give source. (B(6)/(B(7)(c))	Details: U.S. FROZATION OFFICE OPETHERN DIST. CALIF. OAKLAND
1) yavuos –	List any anticipated travel for the next 30 days:
List all vehicles owned or driven by you: YEAR MAKE COLOR LICENSE NO. 1. 4. BLUE BLUE (B(6)/(- ()(5) 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, Dyag, did you miss any scheduled sessions?	Mental Health Aftercare or Community Service), (B(6)/(B(7)(c)
NOTE: A FALSE OR DISHONEST ANSWER TO A QUESTION PROBATION, PAROLES OR OTHER SUPERVISION (SIGNATURE:	
Please mail me additional Supervision	Report Forms.
PROBATION OFFICER: Date: 1/0/4	RETURN THIS REPORT TO: U. S. Probation Officer 1330 Broadway, Room #400 Oakland, CA 94612

b(6) and (7)(6) ervision B' ORT FOR MONTH questions pertain to month indica	or REDACTED e completely answered)
Name PHILLIP GARRIDO Strend Mailing Address (Include Zip Code): (8(6)/(8(7)(c)	Telephone Number: (8(6)/(8(7)(c)) Have you moved? Yes No XXX If yes, give date and explain:
(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 (8(6)/(8(7)(c)	If unemployed, how did you support yourself?
ob 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: Prace E VED
List all money received other than from employment (Include spouse's income) Give source. NANCY GARRIDO (8(6)/(8(7)(c)	Details: AUG 4 1989 U.S. PROBATION OFFICE List any anticipated travel 1851 (the next
	30 days:
List all vehicles owned or driven by you: YEAR MAKE COLOR LICENSE NO. 1.66 DODGE GREEN 2.88 PONTIAC BLUE 3. 4.	If you have a fine or restitution obligation, have you made your payment this month? YesNo_XXX If no, explain:
If you have a Special Condition (Alcohol, Drug, I did you miss any scheduled sessions? (8(6)/(8(7)(c)	Mental Health Aftercare or Community Service), (B(6)/(B(7)(c)
NOTE: A FALSE OR DISHONEST ANSWER TO A QUESTION PROBATION, PAROLE, OR OTHER SUPERVISION (SIGNATURE:	18 USC 1001) DATE:
Please mail me additional Supervision PROBATION OFFICER: Date: 9/1/3	RETURN THIS REPORT TO: U. S. Probation Officer 1330 Broadway, Room #400 Oakland, CA 94612

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me: PHILLIP GARRIDO	Telephone N	(B(6)/(B(7)(c)
reet and Mailing Address (Include Zip Code):	, I	ved? Yes No XXX ve date and explain:
(B(6)/(B(7)(c)		· ·
MOTHER NANCY GARRIDO-WIFE	Have you ch If yes, exp	anged jobs? Yes <u>NoXXX</u> lain:
ue and Address of employer or school:	If unemploy	ed, how did you support yourself?
(B(G)/(5(7)(c)	1	
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many days of work or school did you	Were you ar enforcement If yes: Date:	rested or questioned by law officials? Yes No XX
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PROBATION, PAROLE, OR OTHER SUPERVISION	18 USC 1001)	5007 1/80
Please mail me additional Supervision	· · · · · · · · · · · · · · · · · · ·	JE11. 1/04
Date: 9-6-89		RETURN THIS REPORT TO:
OMENTS:	-	U. S. Probation Officer 1330 Broadway, Room #400
		Oakland, CA 94612

b(6) and (7)(C) PERVISION REPORT FOR MONTE (All questions pertain to (month indic.	ated above and MUSI : completely answered)
me: PHILLIP GARRIDO	Telephone Number: (B(6)/(B(7)(c)
reet and Mailing Address (Include Zip Code): (B(6)/(B(7)(c)	Have you moved? Yes NoXXX If yes, give date and explain:
st all persons in your residence: (B(6)/(B(7)(c) MOTHER NANCY GARRIDO-WIFE	Have you changed jobs? Yes No XXX If yes, explain:
ше and Address of employer or school:	If unemployed, how did you support yourself?
(B(6)/(B(7){c)	Ø
b description and gross amount earned: MAINTENANCE SUP. (8(6)/(8(7)(c)	List debts past due and amounts:
st all money received other than from ployment (Include spouse's income) ve source.	Were you arrested or questioned by law enforcement officials? Yes No XX If yes: Date: Place CEIVED Details: OCT 12 1989
NANCY GARRIDO (B(6)/(B(7"c)	List any anticipated stadeshidshidshiganext OAKLAND
st all vehicles owned or driven by you: YEAR MAKE COLOR LICENSE NO. 66 DODGE GREEN 88 PONTIAC BLUE 89 DODGE LAM. (B(G)/(G(7)(C))	If you have a fine or restitution obligation, have you made your payment this month? Yes No XXX If no, explain:
you have a Special Condition (Alcohol, Drug-	Mental Health Aftercare or Community Service): (5(6)/(E(7)(c)
PROBATION, PAROLE, OR OTHER SUPERVISION (IN THIS REPORT MAY RESULT IN REVOCATION OF
Please mail me additional Supervision	DATE: Report Forms.
OBATION OFFICER: Date: 0-12-89	RETURN THIS REPORT TO:
MOENTS:	U. S. Probation Officer 1330 Broadway, Room #400 Oakland, CA 94612

// PHILLIP GARRIDO	Telephone Number:
et and Mailing Address (Include Zip Code): [(B(6)/(B(7)(c)]	Have you moved? Yes NoXXX If yes, give date and explain:
at all persons in your residence: (B(6)/(B(7)(c) -MOTHER NANCY GARRIDO-WIFE	Have you changed jobs? Yes No XXX If yes, explain:
ne and Address of employer or school: (B(6)/(S(7)(c)	If unemployed, how did you support yourself?
b description and gross amount earned: MAINTENANCE SUP	List debts past due and amounts:
w many days of work or school did you ss? Why?	Were you arrested or questioned by law enforcement officials? Yes No XX If yes: RECEIVED Date: Place:
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st all vehicles owned or driven by you: YEAR MAKE COLOR LICENSE, NO. 66 DODGE GREEN 88 PONTIAC BLUE 99 DODGE	If you have a fine or restitution obligation have you made your payment this month? Yes No XXX If no, explain:
you have a Special Condition (Alcohol, Drug, d you miss any scheduled sessions?	Mental Health Aftercare or Community Service), (8(6)/(8(7)(c)
PROBATION, PAROLE, OR OTHER SUPERVISION	
Please mail me additional Supervision	DATE: Report Forms.
OBATION OFFICER: Date: 1/3	RETURN THIS REPORT TO: U. S. Probation Officer 1330 Broadway, Room #400 Oakland, CA 94612

b(6) and	(7)(6)ervision pe estions pertain to	PORT FOR MONTH	or Ilsu.	, IREDACTED
/me: PHIL	LIP GARRIDO		Telephone N	Number:
	iling Address (Includ	de Zip Code):		oved? YesNoXXX ve date and explain:
	ons in your residence (B(6)/(B(7)(c) !-MOT Y GARRIDO-WIFE	i i	Have you cha If yes, expl	plain: DEC 11 1937
me and Addre	ess of employer or so	chool:	If unemploye	U.S. PROBATION OFFICE Ped, how CALLAND support yourself?
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_	on and gross amount e	earned:	List debts p	past due and amounts:
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-	Special Condition (A any scheduled session		ental Health A	Aftercare or Community Corvice),
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CNATURE: ()	ase mail me additions	1 Supervision R	DATE: /2	2/3/84
OBATION OFF		Dates (2) MG		U. S. Probation Officer 1330 Broadway, Room #400 Oakland, CA 94612
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b(6) and (4)(6) pertain to a month indi-	cated above and MU. De completely answerED
/ me: During GARDIDG	Telephone Number:
PHILLIP GARRIDO reet and Mailing Address (Include Zip Code):	
reer and marring mouress (include hip code);	Have you moved? Yes NoXXX If yes, give date and explain:
st all persons in your residence;	Have you changed jobs? Yes No XXX
(B(6)/(B(7)(c) MOTHER NANCY GARRIDO-WIFE	If yes, explain:
me and Address of employer or school:	If unemployed, how did you support yourself?
ma and 11-01-02 or employed of bandons	anemployed; now did you support yourself?
	• 9
b description and gross amount earned:	List debts past due and amounts:
MAINTENANCE SUP.	Ø
w many days of work or school did you	Were you arrested or questioned by law
iss? Why?	enforcement officials? Yes No XX If yes: Date: Place:
st all money received other than from ployment (Include spouse's income)	Details: UED
ve source.	Details: RECEIVED
NANCY GARRIDO	List any anticipated travel for the next 30 days:
st all vehicles owned or driven by you:	If you have a fine by our addition of the state of the st
YEAR MAKE COLOR LICENSE, NO. 66 DODGE GREEN 89 TOTAL LUMBER	If you have a fine the lon obligation, have you made your payment this month? Yes No. 100 Al C
	If no, explain: NONC
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you have a Special Condition (Alcohol, Drug, d you miss any scheduled sessions?	Hental Health Aftercare or Community Service),
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TE: A FALSE OR DISHONEST ANSWER TO A QUESTION PROBATION, PAROLE, OR OTHER SUPERVISION	IN IN THIS REPORT MAY RESULT IN REVOCATION OF (18 USC 1001)
CNATURE: PX: 1. MONNES	DATE: 1/4/90
Please mail me additional Supervision	Report Forus.
:OBATION OFFICER: Date: 2-209	O RETURN THIS REPORT TO:
OBATION OFFICER: Date: d-2009	THE PART OF THE PA
AMENTAL	U. S. Probation Officer
•	1330 Broadway, Room #400 Oakland, CA 94612

KEUACTED b(6) and((11)(C)tions pertain month indicated above and e completely answered) Telephone Number: treet and Mailing Address (Include Zip Code): Have you moved? Yes If yes, give date and explain: (E(5)/(B(7)(c) List all persons in your residence Have you changed jobs? Yes No If yes, explain: (B(6)/(B(7)(c) Name and Address of employer or school: If unemployed, how did you support yourself? (B(6)/(B/7)(C) Job description and gross appoint earned: List debts past due and amounts: (B(6)//P(7)(c) Were you arrested or questioned by law How many days of work or school did you enforcement officials? Yes (Tho) miss? Why? If yes: Date: List all money received other than from Details: employment (Include spouse's income) TIS PROBUTED CARD Give source. List any anticipated travel for the next (B(6)/(B(7)(c) 30 days: If you have a fine or restitution obligation, List all vehicles owned or driven by you: COLOR have you made your payment this month? MAKE LICENSE NO. DODGE Green 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) DATE: 1-3-90 SIGNATURE: CX;

Please mail me additional Supervision Report Forms.

PROBATION OFFICER:

COMMENTS:

U. S. Probation Officer
1330 Broadway, Room #400
Oakland, CA 94612

b(6) and (7)(C) SUPERVISION RE IT FOR MONTH juestions pertain to the month indicates	OF Lebruary , 19 90 Ited above and MUST we completely answered)
PHILIP CARRIDO And Mailing Address (Include Zip Code):	Telephone Number: Have you moved? Yes No XXX If yes, give date and explain:
fall persons in your residence:	Have you changed jobs? Yes No
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Job description and gross amount earned:	List debts past due and amounts:
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ist all vehicles owned or driven by you: YEAR MAKE COLOR LICENSE NO. 66 DODE VAN GREN 89 DODE VAN WHIE	If you have a fine or restitution obligation, have you made your payment this month? Yes No If no, explain:
f you have a Special Condition (Alcohol, Drug, id you miss any scheduled sessions?	Mental Health Aftercare or Community Service),
TE: A FALSE OR DISHONEST ANSWER TO A QUESTION PROBATION, PAROLE, OR OTHER SUPERVISION (CNATURE:	IN THIS REPORT MAY RESULT IN REVOCATION OF 18 USC 1001) DATE: 2/2/9D
Please mail me additional Supervision OBATION OFFICER: Date: 6 5	RETURN THIS REPORT TO:
· · · · · · · · · · · · · · · · · · ·	U. S. Probation Officer 1330 Broadway, Room #400 Oakland, CA 94612

(6) and ()(C) PUPERVISION REPORT FOR MONTH	1 OF Mar	A REDACTED	
(6) and (7) (C) EUPERVISION REPORT FOR MONTH ame: Operation of the month indicates ame: Operat		Number:	
treet and Mailing Address (Include Zip Code):	Have you s	ve date and explain:	
ist all persons in your residence:		hanged jobs? Yes No	
norcy gando wife.		hanged jobs? Yes No plain:	
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b description and gross amount earned: Soleporson / Muntenance Sup	List debts	past due and amounts:	
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you have a Special Condition (Alcohol, Drug, in you miss any scheduled sessions?	Mental Health	Aftercare or Community Service),	
PROBATION, PAROLE, OR OTHER SUPERVISION (IN THIS REPOR 18 USC 1001)	T MAY RESULT IN REVOCATION OF	
Please mail me additional Supervision		1-1-90	
DATION OFFICER: Date: 4-99	W TOTAL	RETURN THIS REPORT TO:	
MENTS:		U. S. Probation Officer 1330 Broadway, Room #400 Oakland, CA 94612	
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b(6) and Atton pertain to to south indica	or The sted above and MUST completely answered)
HILLIP CARRILO Hailing 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 VIII yes, explain:
and Address of employer or schools When pul The scription and gross amount earned: Fally 1989	If unemployed, how did you support yourself? List debts past due and amounts:
at all money received other than from the partners (Include spouse's income) TO CARRIDO U.S. PRONATE AND AND AND AND AND AND AND AND AND AND	1900 List any anticipated travel for the next
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miss any scheduled sessions? A FALSE OF DISHONEST ANSWER TO A QUESTION	Mental Health Aftercare or Community Service), IN THIS REPORT MAY RESULT IN REVOCATION OF
PROBATION PAROLE, OR OTHER SUPERVISION (Please mail me additional Supervision	DATE: 4/2/90 Report Forms.
Date: 6-5-	U. S. Probation Officer 1330 Broadway, Room #400 Oakland, CA 94612

	ated above and MUS >e completely answered)	
PHILLIP CARRIDO	Telephone Number:	
and Mailing Address (Include Zip Code):	Have you moved? Yes No XXX If yes, give date and explain:	
(B(6)/(B(7)(c) - MOHER NCY CARRIDO WIFE	Have you changed jobs? Yes No X If yes, explain:	
nd Address of employer or school:	If unemployed, how did you support yourself?	
acription and gross amount earned:	List debts past due and amounts:	
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by days of work or school did you	Were you arrested or questioned by law	
Why?	enforcement officials? Yes NoXXXX If yes:	
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miss any scheduled sessions?	Mental Health Aftercare or Community Service),	
PROBATION, PAROLE, OR OTHER SUPERVISION	N IN THIS REPORT MAY RESULT IN REVOCATION OF (18 USC 1001)	
TREE KLU LANDA	DATE:	
Please mail me additional Supervision	Report Forms.	
AFIGN OFFICER: Date:	RETURN THIS REPORT TO:	
	U. S. Probation Officer	
	U. J. FIDDALIER UFFICET	

D(Candq(el)(Go) pertain to a month indicated above and MUE of completely answered) Telephone Humber: , PHILLIP CARRIDO and Mailing Address (Include Zip Code): Have you moved? Yes If yes, give date and explain: ll persons in your residence: Have you changed jobs? Yes If yes, explain: (B(6)/(B(7)(c) - MOIHER)Y CARRIDO -- WIFE If unemployed, how did you support yourself? and Address of employer or school: ecription and gross amount earned; List debts past due and amounts: Exentenance work ny days of work or school did you Were you arrested or questioned by law enforcement officials? Yes No XXXX If yes: Dates Place of all money received other than from rement (Include spouse's income) Details: purce. List any anticipated travel for the next 30 days: If you have a fine or restitution obligation, Il vehicles owned or driven by you: MAKE COLOR LICENSE NO. have you made your payment this month? Yes X No. DODGE VAN GREEN If no, explain: DEDE VALUE have a Special Condition (Alcohol, Drug, Mental Health Aftercare or Community Service). wiss 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)

Please mail me additional Supervision Report Forms.

Dates

EIOH OFFICER:

RETURN TRIS REPORT TO:

U. S. Probation Officer 1330 Broadway, Room #400 Oskland, GA 94612

D(b) and (/)(C) SUPERVISION REPORT FOR MONTH (All questions pertain to : month indica	or III au REDACTED Le d'above and MUS se complèCit Engered)
HILLIP CARRIDO	Telephone Number:
and Mailing Address (Include Zip Code):	Have you moved? Yes No XXX If yes, give date and explain:
11 persons in your residence: (B(6)/(B(7)(c) MOIHER EX CARRIDO WIFE	Have you changed jobs? Yes No X If yes, explain:
and Address of employer or school:	If unemployed, how did you support yourself?
facrintion and gross amount earned:	List debts past due and amounts:
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my days of work or school did you	Were you arrested or questioned by law enforcement officials? Yes NOXXXX
	If yes: Date: Place:
at il money received other than from present (Include spouse's income)	Details:
NYCY CARRIDO	List any anticipated travel for the next 30 days:
MAKE COLOR LICENSE NO. DITE VAN CREN	If you have a fine or restitution obligation, have you made your payment this month? Yes No. If no, explain:
	And we will have a second to the second to t
have a Special Condition (Alcohol, Drug, I	ental Health Aftercare or Community Service),
PROBATION, PAROLE, OR OTHER SUPERVISION (IN THIS REPORT HAY RESULT IN BEVOCATION OF 18 USC 1001)
TORE: Phil Harri	DATE:
Please mail me additional Supervision	Report Forms.
RATION OFFICER: Date:	RETURN THIS REPORT TO:
945 T.8:	U. S. Probation Officer 1330 Broadway, Room #400
	Oakland, CA 94612

) and (7) (Sopervision Format For Monte	ated above and MUS re completely answered)
/ PHILLIP CARRITO	Telephone Number:
Address (Include Zip Code):	Bave you moved? Yes No XXX
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ill persons in your residence:	Have you changed jobs? Yes No
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nd Address of employer or school:	If unemployed, how did you support yourself?
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Please mail me additional Supervision	Report Forms.
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COMMENTS:	U. S. Probation Officer 1330 Broadway, Room #400 Oakland CA 94612	

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	Senior U.S. Probation Officer 1330 Broadway, Room #400 Oakland, CA 94612

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HIIILIP CARKIDO	
Sig- Hilliam Gaven	Telephone Number:
and Mailing Address (Include Zip Code)	If yes, give date and explain:
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	1330 Broadway, Room #400 Oakland, CA 94612

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Please mail me additional Supervision	Report Forms.	
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	,	1330 Broadway, Room #400
		Oakland, CA 94612

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b(6) and (7)(C)	REDACTED
SUPERVISION F TORT FOR HONTH (All questions pertain toe month indicate	ted above and MUS'r be completely answered)
Name: Phillip GArrino	Telephone Number:
Street and Mailing Address (Include Zip Code):	Have you moved? Yes No
List all persons in your residence: NANCY WIFE (B(6)\(\tilde{V}(B)(C)(C) - \tau_{\text{total}}\(\text{total})(C)(C) - \text{total}\(\text{total})(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)	Have you changed jobs? Yes No. If yes, explain:
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Name and Address of employer or school:	If unemployed, how did you support yourself?
Job description and gross amount earned: worked for RealesTATE mu family	List debts past due and amounts:
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If you have a Special Condition (Alcohol, Drug, Mental Health Aftercare or Community Service), did you miss any scheduled sessions?

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PRO	BATION, PAR	OLE, OR OTHER ST	PERVISION (TR USC	T05T}						
SIGNATURE:	the	Jana			DATE:	2-R	EGE	IVED			
•	YOU MUST	ATTACH YOUR LAST	EARNINGS S	TATEMEN?	C		•				
		me additional S			-		DEC 2.0	1991			
								MAN NEEDE			
PROBATTON	OFFICER:	D:	ate:			RE	TO THE	。 一	TO:		

COMMENTS:

Senior U. S. Probation Officer 1330 Broadway, Room #400 Oakland, CA 94612

p(6) and (7)(C) supervision report for month	REDACTED
. (All questions pertain to he month indica	ted above and My be completely answered)
Name: Phillip GANNIOCI	Telephone Number:
Street and Mailing Address (Include Zip Code):	Have you moved? Yes No
	4
List all persons in your residence:	Have you changed jobs? Yes No. If yes, explain:
MANCY GARRÍDO	
Name and Address of employer or school:	If unemployed, how did you support yourself?
<i>(</i>	
anne	
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 RECE VED Date: Place:
List all money received other than from	JAN 1 7 1992
employment (Include spouse's income) Give source.	Details: U.S. PROBATION OFFICE
-0	List any antagipated travel for the next
wife	30 days:
List all vehicles owned or driven by you: YEAR MAKE COLOR LICENSE NO.	If you have a fine or restitution obligation, have you made your payment this month?
1.66 Dodge green	Yes No
2. · · · · · · · · · · · · · · · · · · ·	If no, explain:
4.	
If you have a Special Condition (Alcohol, Drug, did you, miss any scheduled sessions?	Mental Health Aftercare or Community Service),
•	
NOTE: A FALSE OR DISPONEST ANSWER TO A QUESTION PROBATION, PAROLE, OR OTHER SUPERVISION (IN THIS REPORT MAY RESULT IN REVOCATION OF
SIGNATURE: PAIL AMERICA	DATE: 1,2-12
	'\
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

School Control of the	TEDACTED TO THE OFFICE OF THE OFFICE
D(6) and (7)(C) SUPERVISION R ORT FOR MONTH	ated above and MUST be completely answered)
	Telephone Number:
PHILLIP CARRIDO And Mailing Address (Include Zip Code):	Have you moved? Yes No XXX If yes, give date and explain:
At all persons in your residence:	Have you changed jobs? Yes No
(B(6)/(B(7)(c) - MOHER (B(6)/(B(7)(c) - WHEE	If yes, explain:
ma and Address of employer or school:	If unemployed, how did you support yourself?
b scription and gross amount earned:	List debts past due and amounts:
Why?	Were you arrested or questioned by law enforcement officials? Yes NoXXXX
D D	If yes: Date: Place:
stall money received other than from ploment (Include spouse's income)	Details:
3000A CABSIDO	List any anticipated travel for the next
	30 days:
HEAR MAKE COLOR LICENSE NO.	If you have a fine or restitution obligation, have you made your payment this month? Yes No.
DOCE VAN CHEEN	11
	MAD EIVED
have a Special Condition (Alcohol, Drug, descriptions any scheduled sessions?	
THE A FALSE OR DISHONEST ANSWER TO A QUESTION PROBATION PAROLE OR OTHER SUPERVISION	18 USC 1001)
THE TREE TO THE STATE OF THE ST	DATE: 3-10-97
Please mail me additional Supervision	
Date:	RETURN THIS REPORT TO:
	U.S. Probation Officer 1330 Broadway, Room #400 Oakland, CA 94612

SUPERVISION REPORT FOR MONTH (ed above and MUS7 'se completely answered)
	Telephone Numbers
PHILIP CARRIDO and Mailing Address (Include Zip Code):	Have you moved? Yes No XXX If yes, give date and explain:
(B(6)/(B(7)(c) MOIHER YEY CARRIDO WIFE	Have you changed jobs? Yes No L. If yes, explain:
and Address of employer or school:	If unemployed, how did you support yourself?
acription and gross amount earned:	List debts past due and amounts:
any days of work or school did you Why?	Were you arrested or questioned by law enforcement officials? Yes NoXXXX If yes: Date: Place: RFC
11 money received other than from greent (Include spouse's income)	If yes: Date: Place: RECEIVED. Details:
NA CARGIDO	List any anticipated traverters the CALLET CALLET
- I - I - I - I - I - I - I - I - I - I	If you have a fine or restitution obligation,
HAKE COLOR LICENSE NO. DITE VAN GREN DITE VAN WITE	have you made your payment this month? Yes No If no, explain:
ron miss any scheduled sessions?	Mental Health Aftercare or Community Service),
PROBATION, PAROLE OR OTHER SUPERVISION	
Please mail me additional Supervision	Report Forms. Miles 3-18-92 w
Date:	U. S. Probation Officer 1330 Broadway, Room #400 Oakland, CA 94612
	1330 Broadway, Room #400

:

Mame: Thillip Chaming	Telephone Number:
	resephone aumber:
Street and Mailing Address (Include Zip Code):	Have you moved? Yes No If yes, give date and explain:
List all persons in your residence:	Table
WHOCY WIFE (B(6)/(B(7)(c) mom	Have you changed jobs? Yes No
and the second s	
Name and Address of employer or school:	If unemployed, how did your support yourself?
	APR 22 1992
Job description and gross amount earned:	List debts past desame amounts:
-mant, for Renlestatie	OAKLAND OAKLAND
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: YEAR MAKE COLOR LICENSE NO.	If you have a fine or restitution obligation, have you made your payment this month?
1. 19/6 MP Green 2. 3.	Yes No If no, explain:
4.	
If you have a Special Condition (Alcohol, Drug, did you miss any scheduled sessions?	Mental Health Aftercare or Community Service),
	THE MILE DEPOSE NAME AND ADDRESS OF THE PARTY OF THE PART
PROBATION, PAROLE, OR OTHER SUPERVISION	
SIGNATURE: W. L. Lahla	DATE: 3-30-72
THAT I SHOW I WANT TO SEE THE SECOND OF SHOW THE PROPERTY OF	TAILHEAT
YOU MUST ATTACH YOUR LAST EARNINGS S Please mail me additional Supervision	Report Forms.
	RETURN THIS REPORT TO:
Please mail me additional Supervision	

REDACTED SUPERVISION REPORT FOR MONTH	OF (40 rul) 19 and (7)(C)
(All questions pertain to month indicate	ted above and MU; be completely answered)
Jame: Shelly Gaved	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:	
List all persons in your residence:	Have you changed jobs? Yes No If yes, explain:
(B(6)/(B(7)(c))	at yes, explain:
Money James Junte	
Name and Address of employer or school:	If unemplayed, how did you support yourself?
Job description and gross amount earned:	List debts past due and amounts:
The state of the s	
(Klal Galace)	
How many days of work or school did you	Were you arrested or questioned by law
miss? Why?	enforcement officials? Yes No
	If yes: RECEIVED Date: Place:
;	pate: riace:
List all money received other than from	MAY 5 1992
employment (Include spouse's income)	Details:
Give source.	U.S. PROBATION OFFICE NOTITIERN DIST_CALE.
	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,
YEAR MAKE COLOR LICENSE NO.	have you made your payment this month? Yes No
2.	If no, explain:
3.	
4	•
·	
TE barre Cassial Continue (Alaskal Barre	Wortel Hogith Afternoons - G - in G
If you have a Special Condition (Alcohol, Drug, did you miss any scheduled sessions?	mental health Atterdare or Community Service,
ard you miss any senedated sessions.	
NOTE: A FALSE OR DISHONEST ANSWER TO A QUESTION	IN THIS REPORT MAY RESULT IN REVOCATION OF
PROBATION PAROLE, OR OTHER SUPERVISION (
SIGNATURE: The state of the sta	DATE: 4/20/49
YOU MUST ATTACH YOUR LAST EARNINGS S	
Please mail me additional Supervision	
PROBATION OFFICER: Date:	RETURN THIS REPORT TO:
COMMENTS:	
	Senior U. S. Probation Officer
	1330 Broadway, Room #400 Oakland, CA 94612

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-4			
	•		
3.00			do
		.,	

Name: Philip Darledo	Court Name (if differen		·
PART A: RESIDENCE (If new address			· · · · · · · · · · · · · · · · · · ·
Street Address, Apt. Number:	Home Phone:	Pager Phone:	Other Phone:
City, State, Zip Code:	Persons Living with voi	r	
U	(B(6)/(B(7)(c)	- MJULY GARE
Comprexisuadivision: Own or Rent?	Liu you move during th		No No
Syme		:	
Malling Address (if different);	If yes, date moved:		Reason for Movin
	·		
PART B: EMPLOYMENT (If unemplo	oyed, list source of sup	port under Part I	0)
Name, Address, Phone No. of Employer:	Name of immediate sup	isy	our employer aware of your
٥,		crin	ninal status? Yes No
	How many days of work	did you miss?	Why?
			•
	Position Held:	Gross Income:	Normal Work Hours:
		· Cross magne.	Nothing Work Fidure:
Did you change jobs? ☐ Yes ☐ 116 ☐ If changed jobs or terminated,			
Were you terminated? ☐ Yes ☐ No state when and why:			
PART C: VEHICLES (List all	vehicles owned or driv	en by you)	
1. Year/make/model: Color:	Tao Number: ·-	Owner;	, 1
8/ DOPGE REM YELLOW		NANO	9 Otherwa
2. Yearlmake/model: Color.	Tag Number:	Owner;	
GO DODGE KAM GODERN	-	SOME	as About
PART D: MONTHLY	INANCIAL STATEME	NT	
Net Income From Employment	Past Due Debts:		Amount Past Due:
(Attach proof of earnings)			
Other Income:	`		<u></u>
TOTAL MONTHLY INCOME		•	
•		******************	
TOTAL MONTHLY EXPENSES			• •
Do you have a checking account? ☐ Yes ☐ No	Do you have a savings at	count? 🗆 Yes 🗅	No.
□ Individual □ Joint Balance:	☐ Individual	☐ Joint .	Balance:
Bank Name:	Bank Name:		· · · ·
Account Number:	Account Number:		
ist all purchases of Individual goods or services for which you paid \$500 or mo	re:		
	•		•
Date Amount Method of Paymer	ıt	Description	of Item
<u>Date</u> <u>Amount</u> <u>Method of Paymer</u>	<u>nt</u>	Description	of Item

NS OF SUPERVISION DURING THE PAST MONTH
Were you arrested or named as a defendant in any criminal case?
If yes, when & where?
Charges:
Disposition:
receipt, charges, disposition, etc.)
Was anyone in your household arrested or questioned by law enforcement?
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?
If yes, when and where?
-No-If yes, amount paid during the month:
tution Fine:
ODDED (DOCTAL OF BANKLOR CACHIED'S CHECK ONLY
ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
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 4 No.
If yes, why?
I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
AND CORRECT.
(1)-1, Xastit
SIGNATURE DATE
RECEIVED:
MailOC
HCCC
RETURN TO:
SENIOR U. S. PROBATION OFFICER
1330 BROADWAY, SUITE 400
OLDOCATED AL O//10 OFO!
OAKLAND, CA 94612-2504

U.S. PROBA MONTHLY SUPERVISION REPORT FOR TI	ATION OFFICE HE MONTH OF <u>May</u>	, 1992
Name: Phellin Dout da	Court Name (if different):	
111000 70 200000	James	
	attach copy of lease/purchase ag	greement)
Street Address Ant Number	Home Phone: Pager I	Phone: Other Phone:
		
City, State, Zip Code:	Persons Living with you:	
Complex/Subdivision: / Own or Rent?	Did you move during the month?	The state of the s
Mailing Address (if different);	If yes, date moved:	Reason for Moving
Some a abour		
	yed, 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 Incor	. Normal Work Hours:
Did you change jobs? Yes You If changed jobs or terminated, state when and why:		
PART C: VEHICLES (List all v	rehicles owned or driven by you)	a) a 0
1. Year/make/model: NOT Augustus Color.	Tag Number: Owner	H.V. Harris
2. Year/make/model: Color:	128g Number: Owner	aricy gared
1981 - DOISGE VAN VEHOUS	-h	and flavor
PART D: MONTHLY F	INANCIAL STATEMENT	4
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?	′es ⊕^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 Paymen		ription of Item
•	•	•

U.S. Probation Officer ·

Were you questioned by any law enforcement officers?	Were you arrested or named as a defendant in any criminal case?
☐ Yes 🗱 No	If yes, when & where?
Agency:	Charges:
Reason:	Disposition:
(Attach copy of citation, Were any pending charges disposed of during the month?	Was anyone in your household arrested or questioned by law enforcement?
Yes V.No.	Yes No
If yes, date:	If yes, whom?
Court:	Reason:
Disposition:	Disposition:
Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?
□ Yes YLNo	□ Yes to No
If yes, whom?	If yes, why?
Did you possess or use any illegal drugs?	Did you travel outside the district without permission?
□ Yes D No.	☐ Yes No
If yes, type of drug:	If yes, when and where?
Do you have a special assessment, restitution or fine?	No—If yes, amount paid during the month:
Special assessment: Resti	tution Fine:
•	tution Fine:
NOTE: ALL PAYMENTS TO BE MADE BY MONEY	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
NOTE: ALL PAYMENTS TO BE MADE BY MONEY Do you have community service work to perform?	·
NOTE: ALL PAYMENTS TO BE MADE BY MONEY	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
NOTE: ALL PAYMENTS TO BE MADE BY MONEY Do you have community service work to perform?	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
NOTE: ALL PAYMENTS TO BE MADE BY MONEY Do you have community service work to perform? Yes No Number of hours completed this month: Number of hours missed:	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drug, alcohol or mental health aftercare? If yes, did you miss any sessions during this month?
NOTE: ALL PAYMENTS TO BE MADE BY MONEY Do you have community service work to perform? Yes No Number of hours completed this month: Number of hours missed:	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. 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 mistructions?
NOTE: ALL PAYMENTS TO BE MADE BY MONEY Do you have community service work to perform? Yes No Number of hours completed this month:	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. 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 mistructions? Yes No
NOTE: ALL PAYMENTS TO BE MADE BY MONEY Do you have community service work to perform? Yes No Number of hours completed this month: Number of hours missed:	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. 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 matructions?
NOTE: ALL PAYMENTS TO BE MADE BY MONEY 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	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. 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? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
NOTE: ALL PAYMENTS TO BE MADE BY MONEY 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	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. 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 mistructions? Yes No
NOTE: ALL PAYMENTS TO BE MADE BY MONEY 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	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. 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? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
NOTE: ALL PAYMENTS TO BE MADE BY MONEY 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	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. 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? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
NOTE: ALL PAYMENTS TO BE MADE BY MONEY 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.	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drug, alcohol or mental health afternage? If yes, did you miss any sessions during this month? Did you fail to respond to phone recorder mistructions? Yes No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT.
NOTE: ALL PAYMENTS TO BE MADE BY MONEY 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)	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drug, alcohol or mental health afternage? If yes, did you miss any sessions during this month? Did you fail to respond to phone recorder mistructions? Yes No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT SIGNATURE RECEIVED: Mail OC
NOTE: ALL PAYMENTS TO BE MADE BY MONEY 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)	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. 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 mistructions? Yes No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED: Mail OC
NOTE: ALL PAYMENTS TO BE MADE BY MONEY 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)	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drug, alcohol or mental health aftercage? If yes, did you miss any sessions during this month? Did you fail to respond to phone recorder mistructions? Yes NO If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED: Mail OC
NOTE: ALL PAYMENTS TO BE MADE BY MONEY 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)	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. 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 mistructions? Yes No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED: Mail OC
NOTE: ALL PAYMENTS TO BE MADE BY MONEY 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:	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. 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 mistructions? Yes NO NO If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE Mail OC HC CC
NOTE: ALL PAYMENTS TO BE MADE BY MONEY 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)	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. 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 recorage instructions? Yes No
NOTE: ALL PAYMENTS TO BE MADE BY MONEY 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:	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. 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 mistructions? Yes NO NO If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE Mail OC HC CC

PROB 8 (Rev. 6/91)



U.S. PROBATION OFFICE

WONTHLY SUPERVISION REPORT FOR I	
Name: Phillip (.) whe do	Court Name (if different):
PART A: RESIDENCE (If new address	, attach copy of lease/purchase agreement)
Street Address. Act. Number:	Home Phone: Pager Phone: Other Phone:
City State 7in Code*	Persons Livir
	mm (B(6)/(B(7)(c) wefe Manca
Complex/Subdivision: Own or Rent?	Did you move during the month? 19 Yes 19 No
Mallir(); Address (if different):	If yes, date moved: Reason for Moving
Same la apple.	1
PART B: EMPLOYMENT (If unemplo	yed, 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
RealestATE Homes	
Aluss working into	How many days of work did you mlss?' Why?
self employment	Position Held: Gross Income: Normal Work Hours:
•	
Did you change jobs? ☐ Yes ☐ No If changed jobs or terminated, Were you terminated? ☐ Yes ☐ Yes State when and why:	
PART C: VEHICLES (List all	vehicles owned or driven by you)
1. Year/make(model: Cotor:	Tag Number: Owner.
2 Year/make/model: Color:	Tag Number: Owner:
100	
1981 Don Ge Yellaw PART D: MONTHLY I	FINANCIAL STATEMENT
Net Income From Employment	Past Due Debts: Amount Past Due:
(Attach proof of earnings)	,
Other Income:	
TOTAL MONTHLY INCOME	
TOTAL MONTHLY EXPENSES	
Do you have a checking account?	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 mo	ore:
Date Amount Method of Payme	Description of Item
•	

U.S. Probation Officer

PART E: COMPLIANCE WITH CONDITIONS	OF SUPERVISION DURING THE PAST MONTH
Were you questioned by any law enforcement officers?	Were you arrested or named as a defendant in any criminal case?
☐ Yes \$\tag{\text{No}}\	□ Yes VE No
If yes, date:	If yes, when & where?
Agency:	Charges:
•	
Reason:	Disposition:
	ript, charges, disposition, etc.)
Were any pending charges disposed of during the month?	Was anyone in your household arrested or questioned by law enforcement?
D'Yes Prino	☐ Yes \ Ne
<u> </u>	
If yes, date:	If yes, whom?
Court:	Reason:
Disposition:	Disposition:
Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?
☐ Yes X No	☐ Yes No
Contract of the Contract of th	
If yes, whom?	If yes, why?
Did you possess or use any illegal drugs? /	Did you travel outside the district without permission?
☐ Yes X No	'□ Yes Æ No
If yes, type of drug:	If yes, when and where?
Do you have a special assessment, restitution or fine?	If yes, amount paid during the month:
Do you have a special assessment, restitution of tine?	il yes, amount paid comig the month.
Considerancements Destitution	on Fine:
Special assessment: Restitution	Fille
· · · · · · · · · · · · · · · · · · ·	· ·
· · · · · · · · · · · · · · · · · · ·	DER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
NOTE: ALL PAYMENTS TO BE MADE BY MONEY OR	· ·
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Do you have community service work to perform?	DER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
Do you have community service work to perform?	DER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drug, alcohol or mental health aftercare? $(8(6)/(8(7)(c)$
Do you have community service work to perform?	DER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drug, alcohol or mental health aftercare?
Do you have community service work to perform? Yes No	DER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drug, alcohol or mental health aftercare? (8(3)/(8(7)(c)
Do you have community service work to perform?	DER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drug, alcohol or mental health aftercare? (8(3)/(8(7)(c) If yes, did you miss any sessions during this month? (8(6)/(8(7)(c)
NOTE: ALL PAYMENTS TO BE MADE BY MONEY OR Do you have community service work to perform? Yes No Number of hours completed this month: Number of hours missed:	Der (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drug, alcohol or mental health aftercare? (8(3)/(8(7)(c) If yes, did you miss any sessions during this month? (8(6)/(8(7)(c) Did you fail to respond to phone recorder instructions?
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U.S. PROBATION OFFICE MONTHLY SUPERVISION REPORT FOR THE MONTH OF _

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AUG, 19 92

Name:	. 0		Court Name (if different):		
- Khilli	P (jok	1 CK 1 D G		·	
	PART A: RESI		ess, attach copy of lease/po	urchase agreemen	<i>t</i>)
Street Address, Apt, Number:			Home Phone:	Pager Phone:	Other Phone:
			J	•	Other Phone.
City, State, Zip Code;			Persons Living with your	<u>A.</u>	* * * * * * * * * * * * * * * * * * * *
			1,7	&	_
Complex/Subdivision:	Own	or Ren(?	Did you move during the	month? Yes	<u>OM</u>
•		/			
Mailing Address (it different):			If yes, date moved:		Reason for Moving:
	PART R. FMI	PLOYMENT /// unam	ployed, list source of supp	and 1	
Name, Address, Phone No. of E	Employer:	LOTNICITE (II BITEIII	Name of Immediate super	vleor	
· ·	- '		_	j is your	employer aware of your il status? 22 Yes No
·			Merginia		
	V		How many days of work di	id you miss?	Why?
	•				
			Position Held:	Gross Income:	Mormal West L
	. /	·	To V		COLUMN VOIK HOURS:
Did you change jobs? ☐ Yes	D-MG III	changed jobs or terminate	ed.		7: 10 2, 00 H
Were you terminated? ☐ Yes	□ No sta	ate when and why:		•	he
<u> </u>	PART C	: VEHICLES (List a	all vehicles owned or driven	by you)	•
1. Year/make/model:		Colori	Tag Number:	Owner:	74: 10
1981 Dadrig	2 VAN	Vellow	•	Sp/-	- A(11/20
2. Year/make/model:	<u> </u>	96lor.	Tag Number:	Owner:	100,4
••	>				
•		PART D: MONTHLY	Y FINANCIAL STATEMENT		
11-11		0			
Net Income From Employme (Attach' proof of earnings)	ent	1	Past Due Debts:	** ** *	Amount Past Due:
	7				·
Other Income:	•				
TOTAL MONTHLY INCOME					
TOTAL MONTHLY EXPENSE	s				
Do you have a checking account	? 🗆 Yes 🗷 No		Do you have a savings accor	unt? (1 Yes D) (No	
□ Individual □ Joint	Balance: _	•	☐ Individual ☐	Joint Bata	nce:
Bank Name:			Bank Name;		•
Account Number:	V		Account Number		
List all purchases of individual go	oods or services for	which you paid \$500 or n	nore:		
<u>Date</u> .	Amount	Method of Paym	ent ·	Description of I	tem
			•		
•					· · · · · · · · · · · · · · · · · · ·
		•		•	•
					•

U.S. Probation Officer

₹PDACTED

PART E: COMPLIANCE WITH CONDITION	ONS OF SUPERVISION DURING THE PAST MONTH	•
Were you questioned by any law enforcement officers?	Were you arrested or named as a defendant in any criminal case?	- . •
☐ Yes ← No	If yes, when & where?	• •
		•
	Charges:	- , ·
Reason:	Disposition:	-
(Attach copy of citation,	receipt, charges, disposition, etc.)	
Were any pending charges disposed of during the month?	Was anyone in your household arrested of questioned by Have an forcement?	-
C) Yes C)-No	D Yes Day 2	
If yes, date:	If yes, whom? SED 2 8 1992	_
Court:	· · · · · · · · · · · · · · · · · · ·	
Count;	Reason: U.S. FROBATION OFFICE	-
Disposition:	Disposition: NORTHERN DIST. CALIF. OAKLAND	
Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?	
☐ Yes 🖼 No	☐ Yes ☐ No	
if ves whom?	If yes, why?	•
If yes, whom?		
Did you possess or use any illegal drugs? ☐ Yes ☐ No	Did you travel outside the district without permission?	•
L 100 L 100		
If yes, type of drug:	If yes, when and where?	
Do you have a special assessment, restitution or fine?	No-If yes, amount paid during the month:	
Special assessment: Rest	litutionFine:	٠.
	•	
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?	Do you have drug, alcohol or mental health aftercare?	·
Yes 3 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 prione recorder instructions?	
Balance of hours remaining:	□ Yes □ No	
ā.	If yes, why?	
		:
WARNING: ANY FALSE STATEMENTS MAY RESULT IN REVOCATION OF PROBATION, SUPERVISED RELEASE OR	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT.	
PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A		
\$250,000 FINE OR BOTH.	TELLE YOUTH AG3	1-42
(18 U.S.C. § 1001)	SIGNATURE DATE	. •
REMARKS:	RECEIVED:	
	Mail OC	
	HCCC · ·	-
	RETURN TO:	
		-
*		
	SENIOR U. S. PROBATION OFFICER	
	1330 BROADWAY, SUITE 400	
	1330 BROADWAY, SUITE, 400	
	1330 BROADWAY, SUITE 400	

REDACTED



U.S. PROBATION OFFICE MONTHLY SUPERVISION REPORT FOR THE MONTH OF

Name:	• .	Court Name (if different):	
Thillip GARVID	ስ		
		s, attach copy of lease/purchase ag	reement)
Street Address, Apt. Number:		Home Phone: Pager P	
	•		
City, State, Zip Code:		L Persons Living with you:	
		1 10	(\$(6)/(8(7)(c)
Complex/Subdivision; Own	or Rent?	Did you move during the month?	MALLAG
,	•	, and , and and and and and and	
Monthly amount of rent/mortg Mailing Address (If different):	age	if yes, date moved:	Reason for Moving:
maining , cocioco in america			
	PLOYMENT (If unempi	oyed, list source of support under i	Part D)
Name, Address, Phone No. of Employer:		Name of Immediate supervisor:	is your employer aware of your
	-	<u> </u>	criminal status? 🗆 Yes 🗆 No.
		many days of work did you miss?	Why?
			VOUCHERS FOR THIS MONTH
	-	Position Held: Gross Incom	ne: Normal Work Hours:
·			
	changed jobs or terminated ate when and why:		
that you to minimate.	· · · · · · · · · · · · · · · · · · ·		
PART C	Color:	vehicles owned or driven by you) Tag Number: Owner:	
. reammake/model.	Color		
1981 Dodge VAN	Yellow	Phi	lip & Holancy
2. Year/make/model:	Color:	Tag Number: Owner:	· V
9651 Dolye VAN	Treen	<u> </u>	
	PART D: MONTHLY	FINANCIAL STATEMENT	
Net Income From Employment		ast Due Debts:	Amount Past Due:
(Attach proof of earnings)			TWOODN'T LOV SAC
Other Income:		2	
Miel moonie.			
TOTAL MONTHLY INCOME			1.
TOTAL MONTHLY EXPENSES			•
Oo you have a checking account? Yes No		Do you have a savings account?	es IS, No
☐ Individual ☐ Joint · Balance:		☐ Individual ☐ Joint	Balance:
	_	, –	
Bank Name:		Bank Name:	· · · · · · · · · · · · · · · · · · ·
Account Number:		Account Number:	
ist all purchases of individual goods or services for		ore:	RECEIVED
	,		
Date Amount	Method of Payme	LIESCI	DEC 2 A 1992
			THE CH 137E
			U.S. PROBATION OFFICE
			NORTHERN DIST, CALE.
			OAKLAND

U.S. Probation Officer

	ONS OF SUPERVISION DURING THE PAST MONTH
Were you questioned by any law enforcement officers? ☐ Yes ☐ No.	Were you arrested or named as a defendant in any criminal case?
If yes, date:	
Agency:	Charges:
Reason:	
(Attach copy of citation, Were any pending charges disposed of during the month?	receipt, charges, disposition, etc.)
Were any pending charges disposed of during the month? ☐ Yes ☐ No	Was anyone in your household arrested or questioned by law enforcement?
•	
If yes, date:	If yes, whom?
Court:	Reason:
Disposition:	Disposition:
Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?
If yes, whom?	If yes, why?
Did you possess or use any illegal drugs?	Did you travel outside the district without permission?
□ Yes □ N o	☐ Yes ☐ No
If yes, type of drug:	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: 6 Rest	itution Fine:
·	Tille,
	CORPER PROPERTY OF PARTY OF PA
	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
Do you have community service work to perform?	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drug, alcohol or mental health aftercare?
NOTE: ALL PAYMENTS TO BE MADE BY MONEY Do you have community service work to perform? ☐ Yes ☐ No	
Do you have community service work to perform? ☐ Yes ☐ Ño	Do you have drug, alcohol or mental health aftercare?
Do you have community service work to perform? ☐ Yes ☐ No Number of hours completed this month:	Do you have drug, alcohol or mental health aftercare? (B(6)/(B(7)(c))
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Do you have community service work to perform? ☐ Yes ☐ No Number of hours completed this month: Number of hours missed:	Do you have drug, alcohol or mental health aftercare? $ \frac{(B(6)/(B(7)(c))}{(B(6)/(B(7)(c))} $ If yes, did you miss any sessions during this month? $ \frac{(B(6)/(B(7)(c))}{(B(7)(c))} $ Did you fail to respond to phone recorder instructions? $ \square $
Do you have community service work to perform? ☐ Yes ☐ No Number of hours completed this month: Number of hours missed:	Do you have drug, alcohol or mental health aftercare? $ \frac{(B(6)/(B(7)(c))}{(B(6)/(B(7)(c))} $ If yes, did you miss any sessions during this month? $ \frac{(B(6)/(B(7)(c))}{(B(7)(c))} $ Did you fail to respond to phone recorder instructions?
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Number of hours completed this month: Balance of hours remaining: WARNING: ANY FALSE STATEMENTS MAY RESULT IN REVOCATION OF PROBATION, SUPERVISED RELEASE OR	Do you have drug, alcohol or mental health aftercare? $ \frac{(B(6)/(B(7)(c))}{(B(6)/(B(7)(c))} $ If yes, did you miss any sessions during this month? $ \frac{(B(6)/(B(7)(c))}{(B(7)(c))} $ Did you fail to respond to phone recorder instructions? $ \square $
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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.	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? If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE MailOC HCMailOC

PRQ(6) and (7)(C)



U.S. PROBATION OFFICE MONTHLY SUPERVISION REPORT FOR THE MONTH OF OCT., 19 9 2.

Name:		Court Name (if different):	•	
F: 10 C		Court Name (n onterent):		•
PART A. REGIT		attach copy of lease/purc		.1
Street Address. Apt. Number		Home Phone:	Pager Phone:	
			ragor virone.	Other Phone:
City, State, Zip Code:		Persons Living with you;		
		in Allien	i. d	- hand
Complex/Subdivision; Own o	r Rent?	Did you move during the mor	oth? Ves	NO NO
	,,			· · · · · · ·
Mailing Address (if ormeren)		If yes, date moved:		Reason for Moving
	4.	·		
PART B: EMP	LOYMENT (If unemploy	red, list source of support	under Part D)	
Name, Address, Phone No. of Employer.		Name of immediate supervisor	or I	employer aware of your
.\$	•	•		al status? Yes No
•		How many days of work did y	ou miss?	Why?
••	,	•	-	,.
•		ATTACH ALL PAY S		ERS FOR THIS MONTE
		Position Held: Gr	oss Income:	Normal Work Hours:
	hanged jobs or terminated, te when and why:	•		
PART C	VEHICLES (List all v	ehicles owned or driven b	y you)	•
Year/make/model:	Color:	Tag Number:	Owner:	
1981 Dodgie VAN	Vellow		Phillo &	NUMBULL.
2. Yearlmakelmodel:	Color:	Tag Number:	Оwпет:	1.
1965 Pollye UNN	Green		Phillip &	MANGU
. F	PART D: MONTHLY F	INANCIAL STATEMENT		
Net Income From Employment	ŕ	Past Due Debts:		Amount Past Due:
(Attach proof of earnings)			•	
Other Income:		1		
	_	2-19-		
TOTAL MONTHLY INCOME				
TOTAL MONTHLY EXPENSES		<u> </u>		
Do you have a checking account?		Do you have a savings accoun	1? D Yes_D N	o ;
☐ Individual ☐ Joint Balance:	·	☐ Individual ☐ .	Joint Bal	lance:
Bank Name:	•	Bank Name:	RECE	IVED"
Account Number:		Account Number:	• • -	
List all purchases of individual goods or services for	which you paid \$500 or mon	<u> </u>	DEC 2	4 1992
Date Amount	Method of Payment	<u> </u>	Description of	ATTON OFFICE
•	•		MATTHE	A DDI CALIF
		•	QA.	KLAND
	•			
		·		

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Warning and by and by and and and and and	
Were you questioned by any law enforcement officers?	Were you arrested or named as a defendant in any criminal case?
☐ Yes ☐ No If yes, date:	If yes, when & where?
Agency:	Charges:
Reason:	Disposition:
	receipt, charges, disposition, etc.)
Were any pending charges disposed of during the month? ☐ Yes ☑ No	Was anyone in your household arrested or questioned by law enforcement?
	U 188 85-80 (· ·
If yes, date:	If yes, whom?
Court:	Reason:
Disposition:	Disposition:
Did you have any contact with anyone having a eriminal record?	Did you possess or have access to a firearm?
□ Yes □ No	Yes LINO
If yes, whom?	If yes, why?
	ì
Did you possess or use any Illegal drugs? ☐ Yes ☐ No	Did you travel outside the district without permission?
· <u>A</u>	\$:
If yes, type of drug:	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: Restl	ution 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?	Do you have drug, alcohol or mental health aftercom?
☐ Yes ☐ No	- DO YOU HAVE UIUX, AILURNI OF THEMAN THEMAN AILURN DE
2 155 2 10	
Number of hours completed this month:	(B(6)/(B(7)(c) If yes, did you miss any sessions during this month?
	(B(6)/(B(7)(c)) If yes, did you miss any sessions during this month? (B(6)/(B(7)(c))
Number of hours missed:	(B(6)/(B(7)(c)) If yes, did you miss any sessions during the month? (B(6)/(B(7)(c)) Did you fail to respond to phone recorder instructions?
Number of hours completed this month:	(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 S No
Number of hours missed:	(B(6)/(B(7)(c)) If yes, did you miss any sessions during the month? (B(6)/(B(7)(c)) Did you fail to respond to phone recorder instructions?
Number of hours completed this month: Number of hours missed: Balance of hours remaining: WARNING: ANY FALSE STATEMENTS MAY RESULT IN	(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 pnone recorder instructions? Yes No If yes, why?
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MONTHLY SUPER	VISION REPORT FO	ROBATION OFFICE OR THE MONTH OF	KC	U	19 92.
Name:		Court Name (if differe			
S Nin 1	anrido.				
	A: RESIDENCE (If new ad	idress, attach copy of leas	e/purchase ag	reement) ·	
Street Address, Apt. Number:	_	Home Phone:	Pager P		Other Phone:
	•		· .		
City, State, Vip Lode:		Persons Living work,		-	
		nother	•		
Comprexisabilitistos:	Own or Rent?	Địd you move during	the month?	Yes K No	
Mailing Address (if different):		If yes, date moved:			Reason for Mo
	w	•		,	•
	B: EMPLOYMENT (If un	nemployed list source of s	inport under l	Part (N)	
Name, Address, Phone No. of Employe		Name of Immediate s			
		·	•		oyeraware of your us? ☑ Yes ☐ No
		How many days of wo	ork did vou miss?	. 1/	Why?
	7			•	- •
					FOR THIS MO
		Position Held:	Gross Incon	ne; Nor	mal Work Hours:
	I to about and take or town	Position Held:	Gross Incon	ne; Nor	
	No If changed jobs or term state when and why:	Position Held:	Gross Incon	ne; Nor	mal Work Hours:
	No state when and why:	Position Held:	Gross Incon	ne: Nor	mal Work Hours:
Were you terminated? ☐ Yes ☐ 1. Year/make/model:	No state when and why:	Position Held: MAINTENANCE Inated,	Gross incon	ne: Nor	mal Work Hours:
Ware you terminated? 🏻 Yes 🖭 🗷	PART C: VEHICLES (Li Color: Yullau	Position Held: MAINTENANCE Instead, ist all vehicles owned or di Tag Number.	riven by you)	ne: Nor	mal Work Hours:
Were you terminated? ☐ Yes ☐ 1. Year/make/model:	No state when and why: PART C: VEHICLES (LI	Position Held: MAINTENANCE Inated, ist all vehicles owned or di	Gross Incon	ne: Nor	mal Work Hours:
Were you terminated? ☐ Yes ☐ 1. Year/make/model:	PART C: VEHICLES (Li Color: Yullar) Polor: PART C: VEHICLES (Li	Position Held: MAINTENARY inated, ist all vehicles owned or di Tag Number.	Gross Incon	ne: Nor	mal Work Hours:
Were you terminated? ☐ Yes ☐ 1. Year/make/model:	PART C: VEHICLES (Li Color: Yullar) Polor: PART C: VEHICLES (Li	Position Held: MAINTENANCE insted, ist all vehicles owned or di Tag Number.	Gross Incon	ne: Nor	mal Work Hours:
Were you terminated? Yes 3. 1. Year/make/model: 2. Year/make/model: 3. Wear/make/model: 4. Wear/make/model: 5. Wear/make/model: 6. Wear/make/model: 6. Wear/make/model: 7. Wear/make/model: 8. Wear/make/model: 8. Wear/make/model: 9. Wear/make/model: 9. Wear/make/model: 1. Year/make/model: 9. Wear/make/model: 1. Year/make/model: 9. Wear/make/model: 1. Year/make/model: 1. Year/make/model: 9. Wear/make/model: 1. Year/make/model: 1. Year/make/model: 9. Wear/make/model: 1. Year/make/model: 9. Wear/make/model: 1. Wear/make/model: 1. Wear/make/model: 9. Wear/make/model: 1. Wear/make/model: 9. PART C: VEHICLES (Li Color: Yullar) Polor: PART C: VEHICLES (Li	Position Held: MAINTENANCE inated, ist all vehicles owned or di Tag Number. IMA NUMBER IMA NUMBER	Gross Incon	ne: Nor	mal Work Hours:	
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Were you terminated? Yes 4. 1. Year/make/model: 2. Year/make/model: Which was a serious and the serious anamed and the serious and the serious and the serious and the seri	PART C: VEHICLES (Li Color: Yullar) Polor: PART C: VEHICLES (Li	Position Held: MAINTENANCE inated, ist all vehicles owned or di Tag Number. THLY FINANCIAL STATEM	Gross Incon	ne: Nor	mal Work Hours:
Net Income From Employment (Attach proof of earnings) Other Income:	PART C: VEHICLES (Li Color: Yullar) Polor: PART C: VEHICLES (Li	Position Held: MAINTENANCE inated, ist all vehicles owned or di Tag Number. THLY FINANCIAL STATEM	Gross Incon	ne: Nor	mal Work Hours:
Were you terminated? Yes G. 1. Year/make/model: Y Dong: Van/ 2. Year/make/model: Net Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME	PART C: VEHICLES (Li Color: Yullar) Polor: PART C: VEHICLES (Li	Position Held: MAINTENANCE inated, ist all vehicles owned or di Tag Number. THLY FINANCIAL STATEM	Gross Incon	ne: Nor	mal Work Hours:
Were you terminated? Yes G- 1. Year/make/model: Y Douge Vand 2. Year/make/model: West Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES	PART C: VEHICLES (Li Color: Yullar) Folor: PART D: MONT	Position Held: MAINTENANCE ist all vehicles owned or di Tag Number. THLY FINANCIAL STATEM Past Due Debts:	Gross Incon	ne: Nor	mal Work Hours:
Were you terminated? Yes 3- 1. Year/make/model: 2. Year/make/model: Net Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account?	PART C: VEHICLES (Li Color: Yullar) Folor: PART D: MONT	Position Held: MAINTENANCE ist all vehicles owned or di Tag Number. THLY FINANCIAL STATEM Past Due Debts: Do you have a savings	Gross Incon	TE: Nor	Amount Past Due:
Net Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account?	PART C: VEHICLES (Li Color: Yullar) Folor: PART D: MONT	Position Held: MAINTENANCE ist all vehicles owned or di Tag Number. THLY FINANCIAL STATEM Past Due Debts:	Gross Incon	ne: Nor	Amount Past Due:
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Net Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY EXPENSES Do you have a checking account?	PART C: VEHICLES (Li Color: Yullac) PART D: MONT Yes 'E No Balance:	Position Held: MAINTENANCE ist all vehicles owned or di Tag Number. THLY FINANCIAL STATEM Past Due Debts: Do you have a savings Individual	Gross Incon	THE: North	Amount Past Due:
Net Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account?	PART C: VEHICLES (Li Color: Yullar) PART D: MONT Yes 'E' No Balance:	Position Held: MAINTENANCY ist all vehicles owned or di Tag Number. THLY FINANCIAL STATEM Past Due Debts: Do you have a savings Individual Bank Name: Account Number:	Gross Incon	THE: North	Amount Past Due:

U.S. Probation Officer

Nere you questioned by any law enforcement officers? ☐ Yes 🐰 No	Were you arrested or named as a defendant in any criminal case?
f ves. date:	.lf yes, when & where?
Agency:	Charges:
	Disposition:
Reason:	Disposition:
	eceipt, charges, disposition, etc.)
Vere any pending charges disposed of during the month?	Was anyone in your household arrested or questioned by law enforcement?
TYES KNO	□ Yes /5 tho
f yes, date:	If yes, whom?
Court:	Reason:
Disposition:	Disposition:
old you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?
☐ Yes ∯ No .	□ Yes 💆 Ŋ6
f yes, whom?	If yes, why?
old you possess or use any illegal drugs?	Did you travel outside the district without permission?
Tes Description	☐ Yes
f yes, type of drug:	If yes, when and where?
	,
o you have a special assessment, restitution or fine? ☐ Yes ☐ N	No—If yes, amount paid during the month:
Canadal accessments : Bookits	
	ubian Ciass
Special assessment: Restitution	utionFine:
'	DRDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
NOTE: ALL PAYMENTS TO BE MADE BY MONEY O	
'	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
NOTE: ALL PAYMENTS TO BE MADE BY MONEY O you have community service work to perform? □ Yes □ No	DRDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Co you have drug, alcohol or mental health aftercare?
NOTE: ALL PAYMENTS TO BE MADE BY MONEY Of you have community service work to perform? ☐ Yes ☐ No	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
NOTE: ALL PAYMENTS TO BE MADE BY MONEY O you have community service work to perform? □ Yes □ No	DRDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drug, alcohol or mental health aftercare? If yes, did you miss any sessions during time month?
NOTE: ALL PAYMENTS TO BE MADE BY MONEY Of you have community service work to perform? Ures No lumber of hours completed this month:	DRDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Co you have drug, alcohol or mental health aftercare?
NOTE: ALL PAYMENTS TO BE MADE BY MONEY Of you have community service work to perform? ☐ Yes ☐ No	DRDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drug, alcohol or mental health aftercare? If yes, did you miss any sessions during time month? Did you fail to respond to phone recorder instructions? Yes
NOTE: ALL PAYMENTS TO BE MADE BY MONEY Of you have community service work to perform? Ures No lumber of hours completed this month:	DRDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Co you have drug, alcohol or mental health aftercare? If yes, did you miss any sessions during true month? Did you fail to respond to phone recorder instructions?
NOTE: ALL PAYMENTS TO BE MADE BY MONEY Of you have community service work to perform? Ures No lumber of hours completed this month:	DRDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drug, alcohol or mental health aftercare? If yes, did you miss any sessions during time month? Did you fail to respond to phone recorder instructions? Yes
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NOTE: ALL PAYMENTS TO BE MADE BY MONEY OF YOU have community service work to perform? Yes No Number of hours completed this month: Number of hours missed: National Statements May Result in Sevocation of Probation, Supervised Release or Arole, in Addition to 5 Years imprisonment, A	DRDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drog, 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 Pro If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT.
NOTE: ALL PAYMENTS TO BE MADE BY MONEY OF YOU have community service work to perform? Yes No Jumber of hours completed this month: Jumber of hours missed: Jalance of hours remaining: JARNING: ANY FALSE STATEMENTS MAY RESULT IN JEVOCATION OF PROBATION, SUPERVISED RELEASE OR AROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A 250,000 FINE OR BOTH.	DRDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drog, alcohol or mental health aftercare? If yes, did you miss any sessions during time month? Did you fail to respond to phone recorder instructions? Yes PNO If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT.
NOTE: ALL PAYMENTS TO BE MADE BY MONEY OF you have community service work to perform? Yes No Number of hours completed this month: Number of hours missed: Narning: ANY FALSE STATEMENTS MAY RESULT IN NEVOCATION OF PROBATION, SUPERVISED RELEASE OR AROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A 250,000 FINE OR BOTH. (18 U.S.C. § 1001)	DRDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drog, alcohol or mental health aftercare? If yes, did you miss any sessions during this month? Did you fail to respond to phone recorder instructions? If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE DATE
NOTE: ALL PAYMENTS TO BE MADE BY MONEY OF YOU have community service work to perform? Yes No Jumber of hours completed this month: Jumber of hours missed: Jalance of hours remaining: JARNING: ANY FALSE STATEMENTS MAY RESULT IN JEVOCATION OF PROBATION, SUPERVISED RELEASE OR AROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A 250,000 FINE OR BOTH.	DRDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drog, alcohol or mental health aftercare? If yes, did you miss any sessions during une month? Did you fail to respond to phone recorder instructions? Yes No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED:
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NOTE: ALL PAYMENTS TO BE MADE BY MONEY OF YOU have community service work to perform? Yes No Note: Yes No Note: Yes No Note: Yes No Note: N	DRDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drug, alcohol or mental health aftercare? If yes, did you miss any sessions during time month? Did you fail to respond to phone recorder instructions? Yes NO If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED:
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NOTE: ALL PAYMENTS TO BE MADE BY MONEY OF YOU have community service work to perform? Yes No Number of hours completed this month: Number of hours missed: Narning: ANY FALSE STATEMENTS MAY RESULT IN NEVOCATION OF PROBATION, SUPERVISED RELEASE OR AROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A 250,000 FINE OR BOTH. (18 U.S.C. § 1001)	DRDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drog, alcohol or mental health aftercare? If yes, did you miss any sessions during une month? Did you fail to respond to phone recorder instructions? Yes
NOTE: ALL PAYMENTS TO BE MADE BY MONEY OF YOU have community service work to perform? Yes No Number of hours completed this month: Number of hours missed: Narning: ANY FALSE STATEMENTS MAY RESULT IN NEVOCATION OF PROBATION, SUPERVISED RELEASE OR AROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A 250,000 FINE OR BOTH. (18 U.S.C. § 1001)	DRDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drog, alcohol or mental health aftercare? If yes, did you miss any sessions during the month? Did you fail to respond to phone recorder instructions? If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED: Mail OC OC JAN 0.5 1993 RETURN TO: U.S. PROBATION OFFICE NORTHERN DIST. CALIF. OAKLAND
NOTE: ALL PAYMENTS TO BE MADE BY MONEY OF YOU have community service work to perform? Yes No Number of hours completed this month: Number of hours missed: Narning: ANY FALSE STATEMENTS MAY RESULT IN NEVOCATION OF PROBATION, SUPERVISED RELEASE OR AROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A 250,000 FINE OR BOTH. (18 U.S.C. § 1001)	DRDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Co 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
NOTE: ALL PAYMENTS TO BE MADE BY MONEY OF YOU have community service work to perform? Yes No Number of hours completed this month: Number of hours missed: Narning: ANY FALSE STATEMENTS MAY RESULT IN NEVOCATION OF PROBATION, SUPERVISED RELEASE OR AROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A 250,000 FINE OR BOTH. (18 U.S.C. § 1001)	DRDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drog, alcohol or minutal health aftercare? If yes, did you miss any sessions during this month? Did you fail to respond to phone recorder instructions? Yes No
NOTE: ALL PAYMENTS TO BE MADE BY MONEY OF YOU have community service work to perform? Yes No Number of hours completed this month: Number of hours missed: Narning: ANY FALSE STATEMENTS MAY RESULT IN NEVOCATION OF PROBATION, SUPERVISED RELEASE OR AROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A 250,000 FINE OR BOTH. (18 U.S.C. § 1001)	DRDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drop, alcohol or mental health aftercare? If yes, did you miss any sessions during the month? Did you fail to respond to phone recorder instructions? Yes No If yes, why?

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ame: Av. Il. Cham. Il	* * _ * _ * _ * _ * _ * _ * _ * _	Court Name (if different):	•	
muy yours		1 June		
PART A: RESIDENCE	(If new address,			
treat Address, Azd. Number:V		Home Phone:	Pager Pho	ne: Other Phone:
lly, State, Zip Code: `n		Persons hiving with your		
		Monday	M.	4
omplex/Subdivision: Own or Rent?	•	Did you move during the	mon∦th? ∐ Ye:	s /S-No
wonthly amount of rent/mortgage	\$	المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة ا		
alling Address (II different):		If yes, date moved:		Reason for Movin
PART B: EMPLOYM	IENT (If unemploy	red, list source of supp	oort under Pa	rt D)
arne, Address, Phone No. of Employer.		Name of Immediate supe	1	ls your employer aware of your criminal status? (1) Yes (1) No
·. \		How many days of work of	fld you miss?	. Why?
	:			UCHERS FOR THIS MONT
		Position Hold:	,	Normal Work Hours:
d you change jobs? D Yes Z No If changed ere you terminated? D Yes Y No state when	l jobs or terminated, n and why:	1		
		chicles owned or drive		
Year/make/model: Color:	·	Tag Number:	Owner	
& PODGE VANI			1/1	AHLIDA
Year/make/model: Cdion	.1.	Tag Number:	Owner:	<i>D</i> .—
		1	11 1	ARRIM
81 DODGE VALL 1/E/	10w	t	. 79 0	HRUM
1.17	D: MONTHLY FI	NANCIAL STATEMEN	· /) 0/ 	HKV11/2
1.17	D: MONTHLY FI	NANCIAL STATEMEN Past Due Debts:	T ()	Amount Past Due:
PART I part I part	D: MONTHLY FI		T)	
PART et Income From Employment ttach proof of earnings)	D: MONTHLY FI		T .	
PART tet Income From Employment ttach proof of earnings) ther Income:	D: MONTHLY FI		T)	
PART tet Income From Employment ttach proof of earnings) ther Income: DTAL MONTHLY INCOME	D: MONTHLY FI			Amount Past Due:
PART et Income From Employment ttach proof of earnings) ther Income: DTAL MONTHLY INCOME DTAL MONTHLY EXPENSES	D: MONTHLY FI	Past Due Debts: Do you have a savings acc		Amount Past Due:
PART et Income From Employment ttach proof of earnings) ther Income: DTAL MONTHLY INCOME DTAL MONTHLY EXPENSES by you have a checking account?	D: MONTHLY FI	Past Due Debts: Do you have a savings acc	ount? Yes	Amount Past Due:
PART et Income From Employment ttach proof of earnings) ther Income: DTAL MONTHLY INCOME DTAL MONTHLY EXPENSES o you have a checking account? Individual I	<i>i</i>	Past Due Debts: Do you have a savings account Number:	ount? Yes	Amount Past Due:
et Income From Employment ttach proof of earnings) ther Income: DTAL MONTHLY INCOME DTAL MONTHLY EXPENSES DYOU have a checking account? Yes No Individual Joint Balance: Execute Number: Stall purchases of individual goods or services for which	<i>i</i>	Past Due Debts: Do you have a savings accombined individual in Bank Name: Account Number:	ount? Yes	Amount Past Due:

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o(6) and (7)(C)

PART E: COMPLIANCE WITH CONDITIONS	S OF SUPERVISION DURING THE PAST MONTH
Were you questioned by any law enforcement officers?	Were you arrested or named as a defendant in any criminal case? Yes No
If yes, date:	If yes, when & where?
Agency:	Charges:
Reason:	Disposition:
(Attach copy of citation, red	(ceipl, charges, disposition, etc.)
Wars any pending charges disposed of dujing the month?	Was anyone in your household arrested or goestioned by law enforcement?
□ Yes A No	□ Yes \ \ No
If yes, date:	If yes, whom?
Court:	Reason:
Disposition:	Disposition:
Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?
Yes No	Yes No
If yes, whom?	If yes, why?
Did you possess or use any illegal drugs?	Did you travel outside the district without permission?
□ Yes → No	Yes N No
If yes, type of drug:	If yes, when and where?
Do you have a special assessment, restitution or fine? Yes N	q—If yes, amount paid during the month
• • •	•
Special assessment: Restitution	tion Fine:
NOTE: ALL PAYMENTS TO BE MADE BY MONEY OF	RDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
Do you have community service work to perform? □ Yes No	Donyou, have drug, alcohol or mental health aftercare?
Number of hours completed this month:	if yes, did you miss any sessions during this month?
Number of hours missed:	
Balance of hours remaining:	Did you fail to respond to phone recorder instructions?
	If yes, why?
WARNING: ANY FALSE STATEMENTS MAY RESULT IN	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
REVOCATION OF PROBATION, SUPERVISED RELEASE OR PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A	AND CORRECT.
\$250,000 FINE OR BOTH.	(sh) \ \ \ (\text{0}\) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(18 U.S.C. § 1001)	SIGNATURE DATE
REMARKS:	RECEIVED
· .	Mail OC
	<u> со Јен 6 5 1793</u>
	RETURN TO: U.S. PROBATICAL OFFICE
	NORTHERN DIST. CALLE.
	OAKLAND
	Senior U. S. Probation Officer
	1330 Broadway, Suite 400 Oakland, CA 94612-2504
, 	
, _ ~	
<u> </u>	·

Street Address. Apt. Number:

Monthly amount of rent/mortgage \$

Çitv. State, Ziō Code: ,

Cómplex/Subdivision:

Mailing Address (il different):

Name:

REDACTED



U.S. PROBATION OFFICE MONTHLY SUPERVISION REPORT FOR THE MONTH OF

Own or Rent?

SALRINO

Court Name (if different): P. 1. PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement) Persons Living with you: OAXLERS COLF. ... Reason for Moving:

		I		
PART B: EMP	LOYMENT (If unemploye	ed, list source of supp	ort under P	Part D)
Name, Address, Phone No. of Employer:		Name of Immediate super		Is your employer aware of your criminal status? Yes No
, 1		How many days of work d	lid you miss?	Why?
•		ATTACH ALL PAY	STUBS/V	OUCHERS FOR THIS MONTE
· · ·	,	Position Held:	Gross Income	e: Normal Work Hours:
Were you terminated? ☐ Yes ☐ No sta	hanged lobs or terminated, te when and why:		•	
	: VEHICLES (List all ve		by you)	
1. Yearlmake/model:	Color	Tag Number:	Owner:	
2. Year/make/model:	Color (han)	ray muniper.	Owner	ARRING TO
V	PART D: MONTHLY FI	NANCIAL STATEMEN	r :// /	THINKS ()
Net Income From Employment (Attach proof of earnings)		Past Due Debts:	1	Amount Past Due:
Other Income:		0		
TOTAL MONTHLY INCOME				•
TOTAL MONTHLY EXPENSES		,		
Do you have a checking account? Yes No		Do you have a sayings acc	ount? 🗆 Yes	s 🗋 No
□ Individual □ Joint Balance:_		☐ Individual □	Joint C	Balance:
Bank Name:		Bank Name:		
Account Number:	-, · γ ·	Account Number:		
List all purchases of individual goods or services for	r which you paid \$500 or more:			
Date Amount	Method of Payment		Descri	ption of Item

If yes, date moved:

S. Probation Officer

PART E: COMPLIANCE WITH CONDITIO	NS OF SUPERVISION DURING THE PAST MONTH
Were you questioned by any law enforcement officers?	Were you arrested or named as a defendant in any criminal case?
If yes, date:	If yes, when & where?
•	
Agency:	Charges:
Reason:i	Disposition:
Were any pending charges disposed of during the month?	receipt, charges, disposition, etc.) Was anyone in your household arrested or quastioned by law enforcement?
☐ Yes 👣 No	□ Yes (i/ No
W 111	Kuna ushama
If yes, date:	If yes, whom?
Court:	Reason:
Disposition:	Disposition:
Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearin? ☐ Yes (2) No
☐ Yes Y No	☐ Yes X No
If yes, whom?	If yes, why?
Did you possess or use any illegal drugs?	Did you travel outside the district without permission?
Yes YNo	□ Yes No
If yes, type of drug:	If yes, when and where?
	· · · · · · · · · · · · · · · · · · ·
	No—If yes, amount paid during the month:
Do you have a special assessment, restitution or fine?	No—If yes, amount paid during the month:
Special assessment:	itution
Do you have community service work to perform?	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drug, alcohol or may tal health aftercare?
Number of hours completed this month:	If yes, did you miss any sessions during this month?
	. It you, our you made any desirate assuming you make an
Number of hours missed:	Did you fall to respond to phone recorder instructions?
Balance of hours remaining:	☐ Yes ☐ No
,	Marine who fi
	If yes, why?
WARNING: ANY FALSE STATEMENTS MAY RESULT IN	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
REVOCATION OF PROBATION, SUPERVISED RELEASE OR	AND CORRECT.
PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A \$250,000 FINE OR BOTH.	1 de la companya de l
(18 U.S.C. § 1001)	27-8
	SIGNATURE DATE
REMARKS:	RECEIVED:
	Mail OC .
	НССС
	RETURN TO:
Section 1985 Annual Control of the C	
. , ,	
•	Senior U. S. Probation Officer
	1330 Broadway, Suite 400
·	Oakland, CA 94612-2504
	<u>.</u>
	1



Ine:		Court Name (if differe	711	
Philip GAN	N, no	Court Hand In united		
,		s, attach copy of lease	lourchase anreemen	of1 .
Street Address, Apt. Number.	, ,	Home Phone:	Pager Phone:	Other Phone:
			• ,	Otto Thora.
City, State, Zip Cone:		Persons Living with yo	<u> </u>	
ē		. A	11	
Complex/Subdivision; Own of	or Rent?	Did you move during t	ne month? Yes	110
Monthly amount of rent/mortg	age \$		ė z	
Mailing Address (if different):		If yes, date moved:		Reason for Movir
				4
PART B: EMF	PLOYMENT (If unempl	oyed, list source of su	poort under Part Di	
Name, Address, Phone No. of Employer.	,	Name of Immediate au	pervisor:	- amalau
;		-	crimin	r employer aware of your all status?
_		How many days of wor	k did you miss?	Why?
		,		
		ATTACH ALL PA	Y STUBS/VOUCH	ERS FOR THIS MONT
		Position Held:	Gross Income:	Normal Work Hours:
71010 300 (4)//////////		vehicles owned or dri	ven by you)	
Yearlmake/model:	Color:	Tao Number:	Owner	
Donoe MAN	yellow		NAGR	aws)
2. Yeenmake/model:	Color	Tag Number:	Owner:	
-]	<u> </u>		
	PART D: MONTHLY	FINANCIAL STATEME	NT	
Net Income From Employment (Attach proof of earnings)	PART D: MONTHLY	FINANCIAL STATEME		Amount Past Due:
Net Income From Employment (Attach proof of earnings)	PART D: MONTHLY			Amount Past Due:
Net Income From Employment	PART D: MONTHLY		RE(
Net Income From Employment (Attach proof of earnings)	PART D: MONTHLY		REC	2 3 1993
Net Income From Employment (Attach proof of earnings) Other Income:	PART D: MONTHLY		REC	2 3 1993 DBATION OFFICE
Net Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME		Past Due Debts:	REC	2 3 1993 DBATION OFFICE RN DIST. CALIF.
Net Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account?		Past Due Debts:	U.S. FROM NOWTHER RECOUNT? D Yes D	2 3 1993 DBATION OFFICE RN DIST. CALIF.
Net Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account?	-	Past Due Debts: Do you have a savings a lindividual	U.S. FROM NOWTHEN ACCOUNT? Yes	2 3 1993 DBATION OFFICE RN DIST. CALIF. AKLAND
Net Income From Employment (Attach proof of eamings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? If Yes D. No		Past Due Debts: Do you have a savings a lindividual Bank Name:	U.S. FROM MONTHER COUNT? Yes Yes Yes Ba	2 3 1993 DBATION OFFICE RN DIST. CALIF. ARLAND
Net Income From Employment (Attach proof of eamings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? Individual Individual Balance:		Past Due Debts: Do you have a savings a lindividual Bank Name: Account Number:	U.S. FROM MONTHER COUNT? Yes Yes Yes Ba	2 3 1993 DBATION OFFICE RN DIST. CALIF. AKLAND
Net Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? Yes		Past Due Debts: Do you have a savings a lindividual Bank Name: Account Number:	U.S. FROM MONTHER COUNT? Yes Yes Yes Ba	2 3 1993 DBATION OFFICE RN DIST. CALIF. AKLAND

PART E: COMPLIANCE WITH CONDITIO	NS OF SUPERVISION DURING THE PAST MONTH
Were you questioned by any law enforcement officers?	Were you arrested or named as a defendant in any criminal case?
☐ Yes ☐ 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?	Was anyone in your household arrested or questioned by law enforcement?
☐ Yes ☐ No	☐ Yes ☐ No ·
If yes, date:	If yes, whom?
Court:	Reason:
Disposition:	Disposition:
Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?
☐ Yes ☐ No	☐ Yes ☐ No
If yes, whom?	If yes, why?
Did you possess or use any illegal drugs?	Did you travel outside the district without permission?
Yes G-No	☐ Yes ☐ No
If yes, type of drug:	If yes, when and where?
•	
Special assessment: Resti	No—If yes, amount paid during the month: itution Fine: ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
Do you have community service work to perform?	Do you have drug, alcohol or mental health aftercare?
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?
Balance of hours remaining:	☐ Yes ☐ No
	If yes, why? ICHNS POVATAOR
WARNING ANY FALSE STATES AND STATES IN	LOFOTER THE ALL INCOMMENDING TO BE A COMMENT
WARNING: ANY FALSE STATEMENTS MAY RESULT IN REVOCATION OF PROBATION, SUPERVISED RELEASE OR	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT.
PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A	()
\$250,000 FINE OR BOTH.	DV 1 m m
(18 U.S.C. § 1001)	STONATURE DATE
REMARKS:	RECEIVED:
	Mell OC
•	MailOC
	НССС
	RETURN TO:
	LEIDHA IO.
	Senior U. S. Probation Officer
	1330 Broadway, Suite 400
	Oakland, CA 94612-2504
	THE DIVIL LOUT
	j

REDACTED

(2/64)	D STATES DISTRICT COURT ederal Probation System DING MONTHLY SUPERVISION REPORT		
Address of Probation Office U.S. PROBATION OFFICE Name of Probation Officer			
1330 BROADWAY, SUITE 4 OAKLAND, CA 94612-250	I Data	ır	

Phillip Garrido

YOUR ATTENTION IS CALLED TO THE ITEM(S) CHECKED BELOW:

- [X] Your monthly supervision report for <u>MARCH AND APRIL</u> 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.

Senior U. S. Probation Officer

PROB 8 (Rev. 6/91) D(6) and (7)(C)



u.s. PROBATION OFFICE MONTHLY SUPERVISION REPORT FOR THE MONTH OF MINEL, 19 93

Name:	
AD AA	Court Name (if different):
Prillip gastido	
	attach copy of lease/purchase agreement)
Street Address, Apt. Number:	Home Phone: Pager Phone: Other Phone:
Uny, State, Zir Code:	Persons Living with you:
Complex/Subdivision: / Own or Rent?	Old you move during the month? Q Yes VO No
Monthly amount of rent/mortgage \$	_
Mailing Address (if different):	If yes, dale moved: Reason for Movin
Same As ABove	
	yed, list source of support under Part D)
Name, Address, Phone No. of Employer:	Name of immediate supervisor
5	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, Were you terminated? ☐ Yes ☐ No State when and why:	
PART C: VEHICLES (List all v	rehicles owned or driven by you)
1. Year/make/model: Cojor: QSPPA	Tan Number Owner
16 Dones	40 Carrieda
2. Yaar/make/model: Color: YE UOW	Tag Number: Owner:
8 DODGE STREET	1 manual
PART D: MONTHLY F	INANCIAL STATEMENT
Net Income From Employment	Past Due Debts: Amount Past Due:
(Attach proof of earnings)	RECE
Other Income:	Past Due Debts: RECEIVED JUN 18 1959
TOTAL HOLITING MOOLE	JUN 18 100
TOTAL MONTHLY INCOME	NORTHERN DIN OFF
TOTAL MONTHLY EXPENSES	NORTHERN DICTOR
Do you have a checking account? ☐ Yes ☑ No	Do you have a savings account?
□ 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	e:
Date Amount Method of Paymen	t Description of Item
	· · · · · · · · · · · · · · · · · · ·
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U.S. Probation Officer



PART E. COMPLIANCE WITH CONDITION	NS OF SUPERVISION DURING THE PAST MONTH
Were you questioned by any law enforcement officers? ☐ Yes ☐ No	Were you arrested or named as a defendant in any criminal case? ☐ Yes
If yes, date:	If yes, when & where?
Agency:	Charges:
Reason:	Disposition:
·	recelpt, charges, disposition, etc.)
Were any pending charges disposed of during the month?	Was anyone in your household arrested or questioned by law enforcement?
☐ Yes O No	☐ Yes No
If yes, date:	If yes, whom?
Court:	Reason:
Disposition:	Disposition:
Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?
□ Yes No	☐ Yes No
If yes, whom?	If yes, why?
Did you possess or use any illegal drugs? /	Did you travel outside the district without pennission?
☐ Yes No	□ Yes □ No
If yes, type of drug:	If yes, when and where?
Do you have a special assessment, restitution or fine?	NoIf yes, amount paid during the month:
Special assessment: Resti	tution 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?	Do you have drug, alcohol or mental health aftercare?
☐ Yes D No	•
Number of hours completed this month:	If yes, did you miss any sessions during this month?
Number of hours missed:	
Balance of hours remaining:	Did you fall to respond to phone recorder instructions?
Balance of Notice Ionaching.	
	If yes, why?
WARNING: ANY FALSE STATEMENTS MAY RESULT IN	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
REVOCATION OF PROBATION, SUPERVISED RELEASE OR PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A	AND CORRECT.
\$250,000 FINE OR BOTH.	(Aller Holler)
(18 U.S.C. § 1001)	SIGNATURE
REMARKS:	RECEIVED:
	MailOC
•	HC,CC
• •	RETURN TO:
	ALIUNN IO.
•	
•	Senior U. S. Probation Officer
	1330 Broadway, Suite 400
	1330 Broadway, Suite 400

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U.S. PROBATION OFFICE MONTHLY SUPERVISION REPORT FOR THE MONTH OF May, 19 93.		
Name: Phillip and do	Court Name (if different):	
HART A: RESIDENCE (If new address	attach copy of lease/purchase agreement)	
Street Address, Ant. Number;	Home Phone: Pager Phone: Other Phone:	
•	Cuper Priorie:	
City, State, Jip Cook	Parsons I have	
OIL. GLILO, M.D. GOLL.	Persons Ligaria viai pos	
Complex/Subdivision Own or Rent7	Did you move during the month?	
	Did you move during the month? □ Yes A No	
Monthly amount of rent/mortgage Mailing Address (if different):	If yes, date moved: Reason for Moving:	
<u>a</u> .		
domil	1.	
PART B: EMFLOYMENT (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	
1 1 .	How many days of work did you miss? Why?	
· // //	ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH	
	Position Held: Gross Income: Normal Work Hours:	
and the second s		
Did you change jobs? Yes No If changed jobs or terminated, Were you terminated? Yes No state when and why:	·	
PART C: VEHICLES (List all vehicles owned or driven by you)		
1. Year/make/model: Color:	Tag Number: Owner:	
GG DOGG	na au de	
2. Year/make/model:	Tad Number: / Owner,	
& Notas Y	Manual &	
PART D: MONTHLY F	INANCIAL STATEMENT	
TABLE MORRIE TRANSPORT		
Net Income From Employment (Attach proof of earnings)	Past Due Debts: Amount Past Due:	
Other Income:		
TOTAL MANUTUM MODEL	CEIVE	
TOTAL MONTHLY INCOME	JUN 18 1993	
Do you have a checking account?	Do you have a saving and the New Orles of No	
☐ Individual ☐ Joint Balance:	☐ Individual ☐ Joint (1) Balance:	
Bank Name:	Bank Name:	
Account Number:	Account Number:	
List all purchases of individual goods or services for which you paid \$500 or more:		
<u>Date</u> <u>Amount</u> <u>Method of Paymer</u>	Description of Item	
7		

PART E: COMPLIANCE WITH CONDITION	IS OF SUPERVISION DURING THE PAST MONTH
Were you questioned by any law enforcement officers?	Were you arrested or named as a defendant infany criminal case?
If yes, date:	If yes, when & where?
Agency:	Charges:
·	Disposition:
Reason:	oisposition.
	ecelpt, charges, disposition, etc.)
Were any pending charges disposed of during the month?	Was anyone in your household arrested or destioned by law enforcement?
	If yes, whom?
If yes, date:	
Court:	Reason:
Disposition:	Disposition:
Did you have any contact with anyone having a criminal record?	Did you possess or have access to a fiream?
□ ves ₩ <u>No</u>	☐ Yes No
If yes, whom?	If yes, why?
	Did you travel outside the district without permission?
Did you possess or use any illegal drugs?	☐ Yes ☐ No
, v	V
If yes, type of drug:	If yes, when and where?
Do you have a special assessment, restitution or fine?	No—If yes, amount paid during the month:
Special assessment: Restitution Restitutio	utlonFine:
•	CODED (DOCTAL OD BANK) OD CACHIEDIC CHECK ONLY
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?	Do you have drug, alcohol or mental health aftercare?
□ Yes 🗓 No	·
Number of hours completed this month:	If yes, did you miss any sessions during this month?
Number of hours missed:	
Balance of hours remaining:	Did you fall to respond to phone recorder instructions?. □ Yes \\T No
balance of floors remaining.	V 🗸
	If yes, why?
WARNING: ANY FALSE STATEMENTS MAY RESULT IN	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
REVOCATION OF PROBATION, SUPERVISED RELEASE OR	AND CORRECT
PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A \$250,000 FINE OR BOTH.	16/02
(18 U.S.C. § 1001)	SIGNATURE DATE
REMARKS:	RECEIVED:
nemanto.	
•	Mail OC
	нссс
	RETURN TO:
· .	
	Senior U. S. Probation Officer
	1330 Broadway, Suite 400
	Oakland; CA 94612-2504
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U.S. Probation Officer Date	1

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MONTHLY SUPERVISION REPORT FOR T	THE MONTH OF JUAGE, 19 93.
Phillip GAMMIRO	Court Name (If dilferent):
PART A: RESIDENCE (If new address	s, attach copy of leaselpurchase agreement)
Street Address, Apt. Number:	Home Phone: Pager Phone: Other Phone:
	•
Complex/Subdivision: 1 Own or Rent?	Persons Living with your 9 NANCY - COIFC Did you move during the months: U Yes DANO
Monthly amount of rent/mortgage \$	
Mailing Address (if different):	If yes, date moved: Reason for Moving:
PART B: EMPLOYMENT (If unemple	oyed, 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
JUL 5 U 1993	How many days of work did you miss? Why?
THE PARTIES	ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH
U.S. PROBATION OFFICE NORTHERN DIST. CALIF. OAKLAND	Position Held: Gross Income: Normal Work Hours:
Did you change jobs?	
PART C: VEHICLES (List all	vehicles owned or driven by you)
1. Year/make/model: Color: DODGE VAN PB/16 W	Tag Number: Owner NAMCY GREEN
2. Year/make/model: Color:	Owner:
LODGE VIN WEEK	MAME CARRIE
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 m	iore:
<u>Date</u> <u>Amount</u> <u>Method of Payme</u>	<u>Description of Item</u>

U.S. Probation Officer



. PART E: COMPLIANCE WITH CONDITIONS	OF SUPERVISION DURING THE PAST MONTH
Were you questioned by any law enforcement officers? ☐ Yes (x) No	Were you arrested or named as a defendant in any criminal case?
☐ Yes (X No	☐ Yes No
If yes, date:	If yes, when & where?
Agency:	Charges:
	•
Reason:	Disposition:
(Attach copy of citation, reco	eipt, charges, disposition, etc.)
Were any pending charges disposed of during the month?	Was anyone in your household arrested or questioned by law enforcement?
T Yes & No	☐ Yes No
If yes, date:	If yes, whom?
Court:	Reason:
Will	Tibasoti.
Disposition:	Disposition:
Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?
☐ Yes No	Uses No
d les A No	la les (a No
If yes, whom?	If yes, why?
Did you possess or use any Illegal drugs?	Did you travel outside the district without permission?
☐ Yes . No	☐ Yes No
If yes, type of drug:	If yes, when and where?
Do you have a special assessment, restitution or fine?	_lfyes, amount paid during the month:
Special assessment:	on Fine;
Special assessment: Restituti	On
NOTE: ALL PAYMENTS TO BE MADE BY MONEY OR	DER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
Do you have community service work to porform?	DER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drug, alcohol or mental health aftercare?
-Bo you have community service work to perform? □ Yes □ No	
Do you have community service work to perform? ☐ Yes ☐ No Number of hours completed this month:	Do you have drug, alcohol or mental health aftercare?
-Bo you have community service work to perform? □ Yes □ No	Bo you have drug, alcohol or mental health aftercare? If yes, dld you miss any sessions during this month?
Do you have community service work to perform? ☐ Yes ☐ No Number of hours completed this month: Number of hours missed:	Bo you have drug, alcohol or mental health aftercare? If yes, dld you miss, any sessions during this month? Did you, fail to respond to phone recoffler instructions?
Do you have community service work to perform? ☐ Yes ☐ No Number of hours completed this month:	Do you have drug, alcohol or mental health aftercare? If yes, dld you miss, any sessions during this month? Did you, fail to respond to phone recorder instructions? Yes
Do you have community service work to perform? U Yes No Number of hours completed this month: Number of hours missed:	Bo you have drug, alcohol or mental health aftercare? If yes, dld you miss, any sessions during this month? Did you, fail to respond to phone recoffler instructions?
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Bo 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	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? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
Do you have community service work to perform? Yes D 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	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 recoffer instructions? Yes No
Do you have community service work to perform? Yes D 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	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? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
Do you have community service work to perform? Yes DNO 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.	Do you have drug, alcohol or mental health aftercare? If yes, dld you miss, any sessions during this month? Did you, fail to respond to phone recorder instructions? Yes No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT.
Do you have community service work to perform? Yes D 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	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? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE
Do you have community service work to perform? Yes DNO 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.	Do you have drug, alcohol or mental health aftercare? If yes, dld you miss, any sessions during this month? Did you, fail to respond to phone recorder instructions? Yes No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT.
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Do you have community service work to perform? Yes Do 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)	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? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE
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Do you have community service work to perform? Yes Do 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)	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? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED: Mail OC HC CC
Do you have community service work to perform? Yes Do 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)	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? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED: Mail OC
Do you have community service work to perform? Yes Do 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)	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? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED: Mail OC HC CC
Do you have community service work to perform? Yes Do 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)	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? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED: Mail OC HC CC RETURN TO:
Do you have community service work to perform? Yes Do 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)	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? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE Mail OC HC CC RETURN TO: Senior U. S. Probation Officer
Do you have community service work to perform? Yes Do 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)	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? I Yes No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED: Mail OC HC CC RETURN TO: Senior U. S. Probation Officer 1330 Broadway, Suite 400
Do you have community service work to perform? Yes Do 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)	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? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE Mail OC HC CC RETURN TO: Senior U. S. Probation Officer

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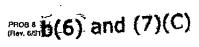
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U.S. PROBATION OFFICE MONTHLY SUPERVISION REPORT FOR THE MONTH OF Name: Court Name (if different): ame PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement) Street Address, Apt. Number, Home Phone: Other Phone: Cityl State, Ain Coner Complex/Subdivision: Own or Rent? Monthly amount of rent/mortgage \$ If yes, date moved: Malling 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; Gross Income: Normal Work Hours: Did you change jobs? ☐ Yes 2 No If changed jobs or terminated, state when and why: Were you terminated? □ Yes D2:NO PARTIC: VEHICLES (List all vehicles owned or driven by you) 1. Yearlmake/model: Tag Number: Owner, 2. Year/make/model: rag Number: D: MONTHLY FINANCIAL STATEMENT RAEOCIE A WEED Past Due Debts: Net income From Employment (Attach proof of earnings) Other Income: U.S. PROBATION OFFICE TOTAL MONTHLY INCOME NORTHERN DIST. CALIF. TOTAL MONTHLY EXPENSES DAKLAND Do you have a savings account?

☐ Yes Do you have a checking account? ☐ Individual ☐ Joint ☐ Individual ☐ Joint Balance: Balance: Bank Name: Bank Name:_ Account Number: Account Number: List all purchases of inclividual goods or services for which you paid \$500 or more: Method of Payment Description of Item Date Amount

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PART E: COMPLIANCE WITH CONDITIO	NS OF SUPERVISION DURING THE PAST MONTH
Were you questioned by any law enforcement officers?	Were you arrested or named as a defendant in any criminal case?
☐ Yes \(\int \)No If yes, date:	If yes, when & where?
Agency:	Charges:
• • • • • • • • • • • • • • • • • • • •	
Reason:	Disposition:
	receipt, charges, disposition, etc.)
Were any pending charges disposed of during the month?	Was anyone in your household arrested or questioned by law enforcement?
□ Yes 🔀 No	T Yes No.
If yes, date:	If yes, whom?
Court:	Reason:
Disposition:	Disposition:
Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?
☐ Yes William	☐ Yes No
If yes, whom?	If yes, why?
Did you possess or use any illegal drugs?	Did you travel outside the district without permission?
☐ Yes No	☐ Yes No
. *	,
If yes, type of drug:	If yes, when and where?
	No_If yes, amount paid during the month:
NOTE: ALL PAYMENTS TO BE MADE BY MONEY	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
Do you have community service work to perform?	Do you have drug, alcohol or mental health aftercare?
Li les parino.	
Number of hours completed this month:	If yes, did you miss any sessions during this month?
Number of hours missed:	
Balance of hours remaining:	Did you fall to respond to phone recorder instructions?
Balance of hours remaining:	.□ Yes No.
	If yes, why?
WARNING: ANY FALSE STATEMENTS MAY RESULT IN	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
REVOCATION OF PROBATION, SUPERVISED RELEASE OR	ANDSORRECT.
PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A	Mell VI mix (1)
\$250,000 FINE OR BOTH. (18 U.S.C. § 1001)	The TONGE
(10 U.S.C. 9 1001)	SIGNATURE
REMARKS:	RECEIVED:
	Mail OC
	ис со
	нссс
	RETURN TO:
•	Conjust I. C. D. Lat. Com
	Senior U. S. Probation Officer
	1330 Broadway, Suite 400
	Oakland, CA 94612-2504
U.S. Probation Officer Date	



MONTHLY SUPERVISION REPORT FOR TH	HE MONTH OF CAMP , 19 93.
Name: PhILLIP GARRIER)	Court Name (it different):
PART A: RESIDENCE (If new address.	attach copy of lease/purchase agreement)
Clunt Address Ant Munkon	Home Phone: Pager Phone: Other Phone:
Complex/Subdivision: Own or Rent?	Did you move during the month? Yes No
Monthly amount of rent/mortgage Mailing Address (Il different):	if yes, date moved: Reason for Moving:
SAMP AS HBOVIE	
PART B: EMPLOYMENT (If unemploy	yed, list source of support under Part D)
Name, Address, Phone No. of Employer.	Name of Immediate supervisor
And the state of t	ls your employer aware of your criminal status?
	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?	
	rehicles owned or driven by you)
Godor Color Call Gattu	NAME CAMPUS
2. Yearfrake/model: Color:	Tag Number: Wher.
8/ YOPEE AM PAROW	THING CHILLE
PAHI D: MONTHLY F	INANCIAL STATEMENT
Net Income From Employment (Attach proof of earnings)	Past Due Debts: Amount Past Due:
Other Income:	
TOTAL MONTHLY INCOME	3
TOTAL MONTHLY EXPENSES	
Do you have a checking account? Yes No	Do you have a savings account?
□ 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	rec
<u>Data</u> <u>Amount</u> <u>Method of Payment</u>	Description of Item

PART E: COMPLIANCE WITH CONDITIONS	OF SUPERVISION DURING THE PAST MONTH
Were you questioned by any law enforcement officers? ☐ Yes No	Were you arrested or named as a detendant in any criminal case?
If yes, date:	If yes, when & where?
Agency:	Charges
Agono,	Charges:
Reason:	Disposition:
	relpt, charges, disposition, etc.)
Were any pending charges disposed of during the month?	Was anyone in your household arrested or questioned by law enforcement?
Yes No	Yes No
If yes, date:	If yes, whom?
Court:	Reason:
Disposition:	Disposition:
Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm
☐ Yes	
If yes, whom?	(f yes, why?
Did you possess or use any illegal drugs?	Did you travel outside the district without pemplasion?
☐ Yes 7. No	□ Yes X No.
If yes, type of drug:	If yes, when and where?
	The state of the s
	ionFine:
	RDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
Do you have community service work to perform?	Do you have drug, alcohol or mental health aftercare?
Number of hours completed this month:	If yes, did you miss any sessions during this month?
Number of hours missed:	
Balance of hours remaining:	Đid you fall to respond to phone recorder instructions? □ Yes No
	If yes, why?
WARNING: ANY FALSE STATEMENTS MAY RESULT IN REVOCATION OF PROBATION, SUPERVISED RELEASE OR	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT.
PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A	$1/1$) ~ 0 $1/1$
\$250,000 FINE OR BOTH.	144/1 40/14/02
·	The January 9/19/23
(18 U.S.C. § 1001)	SIGNATURE 9/19/23
(18 U.S.C. § 1001)	RECEIVED:
(18 U.S.C. § 1001)	
(18 U.S.C. § 1001)	RECEIVED:
(18 U.S.C. § 1001)	RECEIVED: Mail OC HC CC
(18 U.S.C. § 1001)	RECEIVED: MailOC
\$250,000 FINE OR BOTH. (18 U.S.C. § 1001) REMARKS:	RECEIVED: Mail OC HC CC
(18 U.S.C. § 1001)	RECEIVED: Mail OC HC CC RETURN TO:
(18 U.S.C. § 1001)	RECEIVED: Mail OC HC CC RETURN TO: Senior U. S. Probation Officer 1330 Broadway, Suite 400
(18 U.S.C. § 1001)	RECEIVED: MailOCHCCC RETURN TO: Senior U. S. Probation Officer

D(b) and (7)(C)

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PROB B (Rev. 5/91) **U.S. PROBATION OFFICE** MONTHLY SUPERVISION REPORT FOR THE MONTH OF Name: Court Name (if different): Ame RESIDENCE (If new address, attach copy of lease/purchase agreement) Home Phone: Other Phone: City. State. Zib Code: Persons Living with you: Manen dal Did you move during the month? Yes & No Complex/Subdivision: Own or Rent? Monthly amount of rent/mortgage \$ If yes, date moved; Reason for Moving: Mailing Address (if different): EMPLOYMENT (If unemployed, list source of support under Part D) PART B: Is your employer aware of your Name, Address, Phone Ne. of Employer: Name of immediate supervisor. ow many days of work did you miss? Why? ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH Position Held: Gross Income: Normal Work Hours: raller If changed jobs or terminated, Did you change Jobs? □ No ☐ Yes state when and why: Were you terminated? □ No ☐ Yes VEHICLES (List all vehicles owned or driven by you) Tag Number Tao Number: PART D: ' MONTHLY FINANCIAL STATEMENT Past Due Debts: Andulty ast De: Net Income From Employment (Attach proof of earnings) \emptyset Other Income: TOTAL MONTHLY INCOME U.S. PROBATION OFFICE NORTHERN DIST. CALIF. **TOTAL MONTHLY EXPENSES** DAKLANU ☐ Individual □ Joint Balance: ☐ Joint Balance: □ Individual Bank Name: Bank Name: Account Number: Account Number: List all purchases of Individual goods or services for which you paid \$500 or more: Method of Payment Description of Item Date Amount

U.S. Probation Officer

PART E: COMPLIANCE WITH CONDITION	IS OF SUPERVISION DURING THE PAST MONTH
Were you questioned by any law enforcement officers?	Were you arrested or named as a defendant in any criminal case?
☐ Yes No .	If yes, when & where?
Agency:	Charges:
Reason:	Disposition:
(Altach copy of citation, re Were any pending charges disposed of diping the month?	ecelpt, charges, disposition, etc.)
Yes D No	Was anyone in your household arrested or questioned by law enforcement?
is les parties	ON C SSI LI
If yes, date:	If yes, whom?
Court:	Reason:
Disposition:	Disposition:
Did you have any contact with anyone having a criminal record? · □ Yes Ø No	Did you possess or have access to a firearm? Yes No
If yes, whom?	If yes, why?
Did you possess or use any illegal drugs?	Did you travel outside the district without permission?
☐ Yes 📈 No	☐ Yes ☐ No
If yes, type of drug:	If yes, when and where?
799, 1799	
Do you have a special assessment, restitution or fine?	Vo—If yes, amount paid during the month:
. : .	
Special assessment: Restitu	ution Flne;
NOTE: ALL PAYMENTS TO BE MADE BY MONEY O	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
Do you have community service work to perform?	-Do-you-have-drug, alcohol-or-mental health-aftercare?
□ Yes \\ □ No	
Number of hours completed this month:	If yes, did you miss any sessions during this month?
Number of hours missed:	Did you fall to respond to phone recorder instructions?
Balance of hours remaining:	☐ Yes At No
	If yes, why?
WARNING: ANY FALSE STATEMENTS MAY RESULT IN	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE.
REVOCATION OF PROBATION, SUPERVISED RELEASE OR PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A	AND CORRECT.
\$250,000 FINE OR BOTH.	10/2/05
(18 U.S.C. § 1001)	
. (12 21212)	SIGNATURE DATE
	SIGNATURE DATE DATE
REMARKS:	RECEIVED:
	RECEIVED:
	RECEIVED:
	RECEIVED:MailOC
	RECEIVED:MailOCHCCC
	RECEIVED: MailOCHCCC RETURN TO:
	RECEIVED: MailOCHCCC RETURN TO: Senior U. S. Probation Officer
	RECEIVED: MailOCHCCC RETURN TO:

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ì	w. 6/91)			Ĵ.	
			TION OFFICE		0-
	MONTHLY SUPERVISION REI	PORT FOR TH	E MONTH OF L	士	
	iame:		Court Name (if different):		
	1 PKILLIP GARR	601	SAMO		•
	7 1215		attach copy of lease/purcha	ase agreeme	nt)
-	itreet Address, Apt. Number:		Home P		Other Phone:
=	City, State: Zip Code.		Persons Living with your	(B(6)	/(B(7)(c), A + f
			Maney WI	te.	- Mochell
	Complex/Subdivision: f Own or Rent	?	you move during the month	n? 🗆 Xes 🔀	No
	Monthly amount of rent/mortgage Mailing Address (if different):		If yes, date moved:		Reason for Moving:
	monthly routines for introcers.				
	PART B. EMPLOYA	VENT (If unemploy	l ed, list source of support u	malay David O	
	Name. Address. Phone No. of Employer:	VICIAT (II dilettiploye	Name of Immediate supervisor	- 1 - '	
•			,		ur employer aware of your nal status? □ Yes 💓 No
	•	· · · · · · · · · · · · · · · · · · ·	How many days of work did you	u miss?	Why?
			ATTACH ATT DATE CO	inc /none	IERS FOR THIS MONTH
		,		is income:	Normal Work Hours:
	, , ,	:	COUTEER		
		d jobs or terminated, i			
	755,075		hicles owned or driven by		
•	1. Yearlmake/model: Goio			•wner.	
**** * **	lole Dodgevan C	PEEN!		Nax	IRA MA
	2. Year/make/model: Colo	*	Tee Number	Owner	40,000
	80 Dage AM YO	alou		U. QL	priod
	PART	D: MONTHLY FI	VANCIAL STATEMENT	U	
	Net Income From Employment		Past Due Debts:		Amount Past Due:
	(Attach proof of earnings)				
	Other Income:		(1)	<u></u>	- (1)
	TOTAL MONTHLY INCOME		U		
	TOTAL MONTHLY EXPENSES			Ñ	RECEIVED
	Do you have a checking account? Yes No		Do you have a savings account?	□ Yes (□	Neiry 2 " 1993
	☐ Individual ☐ Joint Balance:		☐ Individual ☐ Jo	oint p	alances availate Diffice
	Bank Name:		Bank Name:		unitar usi. Lauk.
	Account Number:		Account Number:		CHUM
	List all purchases of individual goods or services for which	n you paid \$500 or more	· · · · · · · · · · · · · · · · · · ·		
	Date :Amount	Method of Payment	•	Description	of Item
	- CA	13		-,	
					•

S. Probation Officer

PART E: COMPLIANCE WITH CONDITIONS	OF SUPERVISION DURING THE PAST MONTH
Were you questioned by any law enforcement officers?	Were you arrested or named as a defendant in any criminal case?
If yes, date:	If yes, when & where?
Agency:	Charges:
	Disposition:
Reason:	
(Attach copy of citation, rec Were any pending charges disposed of diploy the month?	eipt, charges, disposition, etc.) Was anyone in your hoursehold arrested or quoptioned by law enforcement?
Yes 2 No	☐ Yes ☐ No
lf yes, date:	If yes, whom?
Court:	Reason:
Disposition:	Disposition:
Did you have any contact with anyone flaving a criminal record? □ Yes □ No	Did you possess or have access to a firearm? ☐ Yes ☐ No
If yes, whom?	If yes, why?
Did you possess or use any illegal drys? ☐ Yes No	Did you travel outside the district without permission? ☐ Yes No
If yes, type of drug:	If yes, when and where?
Do you have a special assessment, restitution or fine?	—If yes, amount paid during the month:
Special assessment: Restitut	icn Fine:
NOTE: ALL PAYMENTS TO BE MADE BY MONEY OF	RDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
Do you have community service work to perform?	Do you have drug, alcohol or mental health aftercare?
□ Yes No	
Number of hours completed this month:	If yes, did you miss any sessions during this month?
Number of hours missed:	
Balance of hours remaining:	Did you fail to respond to phone recorder instructions?
	If yes, why?
WARNING: ANY FALSE STATEMENTS MAY RESULT IN REVOCATION OF PROBATION, SUPERVISED RELEASE OR	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT.
PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A	
\$250,000 FINE OR BOTH. (18 U.S.C. § 1001)	Thi Aarla 11-2-13
	SIGNATURE DATE RECEIVED:
REMARKS:	
	MailOC
	HC CC
1	RETURN TO:
	•
	Senior U. S. Probation Officer 1330 Broadway, Suite 400
	Senior U. S. Probation Officer

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U.S. PROBATION OFFICE MONTHLY SUPERVISION REPORT FOR THE MONTH OF LIOY

Name Court Name (il different): PART A: RESIDENCE (If new address, attach copy of leaselpurchase agreement) Street Address, Apt. Number: Home Phone: City, State, Zip Code: Persons Living with you: Complex/Subdivision: Own or Rent? Did you move during the month? Yes William 3 . Care Monthly amount of rent/mortgage \$ Mailing Address (if different): If yes, date moved: 1 Reason for Moving: EMPLOYMENT (If unemployed, list source of support trider Part D) PART B: Name, Address, Phone No. of Employer. Name of immediate supervisor: is your employer aware of your criminal status? D Yes D No How many days of work did you miss?_ ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH Position Held: Normal Work Hours: 236 Am. To Gross Income: Paper Deliver To Paper Boys □- No If changed jobs or terminated, Did you change jobs? ☐ Yes Were you terminated? Yes state when and why: I⊒-No PART C: VEHICLES (List all vehicles owned or driven by you) 1. Year/make/model: Tag Number: Tag Number: MONTHLY FINANCIAL STATEMENT Past Due Debts: Amount Past Due: Net Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME **TOTAL MONTHLY EXPENSES** Do you have a checking account? Yes No Do you have a savings account? ☐ Yes ☐ No 🗅 Individuat ☐ Individual ☐ Joint □ Joint Balance: 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 Method of Payment Description of Item Amount

	NS OF SUPERVISION DURING THE PAST MONTH
Were you questioned by any law enforcement officers? ☐ Yes ☐-No	Were you arrested or named as a defendant in any criminal case?
If yes, date:	If yes, when & where?
Agency:	Charges:
	Orlarges.
Reason:	Disposition:
(Attach copy of citation, r	receipt, charges, disposition, etc.)
Were any pending charges disposed of during the month?	Was anyone in your household arrested or questioned by law enforcement?
∐ Yes 🖰 No	☐ Yes ☐ No
If yes, date:	If yes, whom?
	is yes, wildin:
Court:	Reason:
	Disposition:
Disposition:	
Dld you have any contact with anyone having a criminal record?	Did you possess or have access to a fiream?
1 Yes: 1 No	□ Yes □ No.
If yes, whom?	If yes, why?
Did you possess or use any litegal drugs? ' Yes : No	Did you travel outside the district without permission?
If yes, type of drug:	If yes, when and where?
•	
Do you have a special assessment, restitution or fine? ' \(\subseteq\) Yes	No-If yes, amount paid during the month:
	No—If yes, amount paid during the month: tution Fine:
Special assessment:Restit	tution Fine:
Special assessment: Restit	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
Special assessment:Restit	tution Fine:
Special assessment: Restit	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
Special assessment: Restit NOTE: ALL PAYMENTS TO BE MADE BY MONEY Do you have community service work to perform? Per And Payment Pa	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drug, alcohol or mental health aftercase? (B(6)/(B(7)(c)) If yes, did you miss any sessions during this month?
Special assessment: Restite NOTE: ALL PAYMENTS TO BE MADE BY MONEY Do you have community service work to perform? □ Yes ☑ No Number of hours completed this month:	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. - Do you-have drug, alcohol-or mental health aftercare?
Special assessment: Restit NOTE: ALL PAYMENTS TO BE MADE BY MONEY Do you have community service work to perform? Per And Payments Payme	Tution Fine: ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. 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)
Special assessment: Restit NOTE: ALL PAYMENTS TO BE MADE BY MONEY Do you have community service work to perform? Per Property	Tution Fine: ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. 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?
Special assessment: Restite NOTE: ALL PAYMENTS TO BE MADE BY MONEY Do you have community service work to perform? □ Yes 昼-No Number of hours completed this month:	Tution Fine:
Special assessment: Restit NOTE: ALL PAYMENTS TO BE MADE BY MONEY Do you have community service work to perform? Per Property	Tution Fine: ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. 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?
Special assessment: Restite NOTE: ALL PAYMENTS TO BE MADE BY MONEY On you have community service work to perform? Yes 🖾 No Number of hours completed this month: Number of hours missed: Balance of hours remaining:	TutionFine:
Special assessment: Restit NOTE: ALL PAYMENTS TO BE MADE BY MONEY Do you have community service work to perform? Yes And Number of hours completed this month: Number of hours missed: Balance of hours remaining: WARNING: ANY FALSE STATEMENTS MAY RESULT IN	Tution Fine:
Special assessment: Restited in the state of thours remaining: Result in Revocation of Probation, supervised Result in Revocation of Probation, supervised Release or Result in Revocation of Probation, supervised Release or Result in Revocation of Probation, supervised Release or Result in Revocation of Probation, supervised Release or Result in Revocation of Probation, supervised Release or Result in Revocation of Probation, supervised Release or Result in Revocation of Probation, supervised Release or Result in Revocation of Probation, supervised Release Or Result in Revocation of Probation, supervised Release Or Result in Result in Revocation of Probation, supervised Release Or Result in Res	TutionFine:
Special assessment: Restit NOTE: ALL PAYMENTS TO BE MADE BY MONEY Do you have community service work to perform? Yes All PAYMENTS TO BE MADE BY MONEY Warning: All PAYMENTS TO BE MADE BY MONEY Warning: All PAYMENTS TO BE MADE BY MONEY Balance of hours completed this month: Warning: Any False Statements May Result IN	Tution Fine:
Special assessment: Restit NOTE: ALL PAYMENTS TO BE MADE BY MONEY Do you have community service work to perform? Pes El 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	TutionFine:
Special assessment:	Tution Fine:
Special assessment: Restit NOTE: ALL PAYMENTS TO BE MADE BY MONEY Do you have community service work to perform? Per Pro 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.	Tution Fine:
Special assessment:	Tution Fine:
Special assessment: Restit NOTE: ALL PAYMENTS TO BE MADE BY MONEY Do you have community service work to perform? Yes Ano 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)	To Poyou-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? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED: Mail OC
Special assessment: Restit NOTE: ALL PAYMENTS TO BE MADE BY MONEY Do you have community service work to perform? Yes Ano 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)	Tution Fine:
Special assessment:	Toronto Fine: ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drug, alcohol or mental health aftercate? (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 E No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. Ol - 7-94 SIGNATURE RECEIVED: MailOC HC MailOC
Special assessment:	To Poyou-have drug, alcohol-or mental health aftercate? (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 E No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED: Mail OC
Special assessment:	Toronto Fine: ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drug, alcohol or mental health aftercate? (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? I Yes E No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. OI — — — — — — — — — — — — — — — — — — —
Special assessment:	Tuttion Fine: ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. 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 P No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED: Mail OC HC CC RETURN TO:
Special assessment:	Tution Fine:
Special assessment:	Tuttion
Special assessment:	Tution Fine:

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	U.S. PROBA	ATION OFFICE HE MONTH OF Dec , 19 9	3
•	Phillip gavide	Court Name (if different):	:
/	PART A.) RESIDENCE (If new address,	Home Phone: Pager Phone: Other	
ĺ		Home Phone: Pager Phone: Other I	Phone:
1/		Persons Living with you:	
F	Complex/Subdivision: Own or Rent?	Did you move during the ingnth? Yes Who	
	Monthly amount of rent/mortgage \$	N. C.	
	Mailing Address (if different):	If yes, date moved: Reaso	n for Moving:
	PARTS EMPLOYMENT (If unemplo	yed, list source of support under Part D)	
		Name of immediate supervisors Is your employer aware of criminal status?	
	-	How many days of work did you miss? Why?	•
	· 	ATLACH ALL PAY STUBS/VOUCHERS FOR THE	
•		Position Held: Gross togon: Charles FOR 1H1	
	Did you change jobs? Yes No If changed jobs or terminated,		
	71010 701 10111111111111111111111111111	vehicles owned or driven by you)	
	1. Year/make/model; Color:	. Tea Number: Owner:	
	Ma Doors Van Coistan	- nang area s	<i>^</i>
	2_Year/make/model: Gølgy	Tax Neimbar Owner:	
	41 Troope /AH 9Ellow	Many of se	n).
	PART D: MONTHLY F	FINANCIAL STATEMENT	
	Net Income From Employment(Attach proof of earnings)	Past Due Debts: Amount Pa	st Due:
	Other Income:	9	
<u>\</u>	TOTAL MONTHLY INCOME		
	TOTAL MONTHLY EXPENSES		
	Do you have a checking account? Yes No	Do you have a savings account?	
	☐ 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	re:	
	Date Amount Method of Paymen	nt Description of Item	•
,			•

	ONS OF SUPERVISION DURING THE PAST MONTH	
Were you questioned by any law enforcement officers? ☐ Yes ☐ Yo	Were you arrested or named as a detendant in any criminal case?	
If ves. 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?	Was anyone in your household arrested of questioned by law enforcement?	
□ Yes \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	☐ Yes ☐ No	
If yes, date:	If yes, whom?	
Court:	Reason:	
	•	
Disposition:		-
Did you have any contact with anyone training a criminal record?	Did you possess or have access to a fiream?	`
□ Yes \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	☐ Yes \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
If yes, whom?	If yes, why?	
Did you possess or use any illegal drugs?)	Did you travel outside the district without permission?	
☐ Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Yes No	
V		
If yes, type of drug:	If yes, when and where?	
Do you have a special assessment, restitution or fine?	No—lf yes, amount paid during the month:	
Special assessment: Res	titution Fine:	
·		
NOTE: ALL PAYMENTS TO BE MADE BY MONEY	Y ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.	
Do you have community service work to perform?	Do you have drug, alcohol or mental health aftercare?	
Yes X No		
Number of hours completed this month:	If yes, did you miss any sessions during this month?	·
Number of heaves missed		
Number of hours missed:	Did you fail to respond to phone recorder instructions?	
Balance of hours remaining:	☐ Yes No	
	If yes, why?	
		•
WARNING: ANY FALSE STATEMENTS MAY RESULT IN	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE	
REVOCATION OF PROBATION, SUPERVISED RELEASE OR PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A	AND LINE .	
\$250,000 FINE OR BOTH.	(XX VIII)	
(18 U.S.C. § 1001)	SIGNATURE	
REMARKS:	RECEIVED: DP P P 1 1 2 5	
Harmanice.	RECEIVED	
	MailOC	
	нс <u>%1</u> 2c1.0 f 1 _	
	fit c macon and	
	RETURN TO: U.S. PROBATES:	
	LAG.	
	Senior U. S. Probation Officer	<u>-</u> -
	1330 Broadway, Suite 400	
	Oakland, CA 94612-2504	
	-	_
-		

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MONTHLY SUPERVISION REPORT FOR TH	HE MONTH OF Jan, 19 94.
Hully garris	Court Name (il ditterent):
PART A: RESIDENCE (If new address, Street Address, Apt. Number:	attach copy of leaselpurchase agreement) Home Phone: Pager Phone: 4 Other Phone:
LURY: SIGNE, Zin Goder III. A.	Persons Living with you: Mm. Wille
Complex/Subdivision: Own or Rent?	Did you move during the month? Yes No
Monthly amount of rent/mortgage \$ Mailing Address (# different):	If yes, date moved: Reason for Moving:
	yeu, list source of support under Part D)
Name. Alidress, Phone No. of Himployer.	Name of immediaje supervisor: Is your employer aware of your criminal status? □ Yes 🖎 Vo.
	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 the No lift changed jobs or terminated, state when and why:	MWO -
PART C: VEHICLES (List all v	vehicles owned or driven by you)
1. Year/make/model: Colors	Ign Marribor Owner;
44 CORCE VAM, CRISTI	Manay Of your
2. Year/make/model: Color	Tag Number: Owner:
PART D: MONTHLY F	INANCIAL STATEMENT
Net Income From Employment (Attach proof of earnings)	Past Due Debts: Amount Past Due:
Other Income:	
TOTAL MONTHLY INCOME	A
TOTAL MONTHLY EXPENSES	
Do you have a checking account? Yes Yes	Do you have a savings account?
☐ 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 mor	re:
Date - Amount Method of Paymen	Description of Item

o(b) and (7)(C)

U.S. Probation Officer

PART E: COMPLIANCE WITH CONDITIO	NS OF SUPERVISION DURING THE PAST MONTH
Were you questioned by any law enforcement officers? Ues No.	Were you arrested or named as a defendant in any criminal case? ☐ Yes ☐ XNg
If yes, date:	If yes, when & where?
Agency:	Charges:
Reason:	Disposition:
(Attach page of citation	receipt, charges, disposition, etc.)
Were any pending charges disposed of during the month?	Was anyone in your household arrested of glestioned by law enforcement?
□ Yes W No	☐ Yes No
If yes, date:	If yes, whom?
Court:	Reason:
Disposition:	Disposition:
Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?
∐ Yes No	☐ Yes № No
If yes, whom?	If yes, why?
Did you possess or use any illegal drugs? ☐ Yes No	Did you travel outside the district without permission?
If yes, type of drug:	☐ Yes ☐ No If yes, when and where?
if yes, type of drug:	ir yes, when and where?
Do you have a special assessment, restitution or fine? Yes	No—If yes, amount paid during the month:
•	tutionFine:
	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
Do you have community service work to perform? □ Yes No	Do you have drug, alcohol or mental health aftercare?
,	
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?
Balance of hours remaining:	Yes No
	If yes, why?
WARNING: ANY FALSE STATEMENTS MAY RESULT IN REVOCATION OF PROBATION, SUPERVISED RELEASE OR	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT.
PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A	1000
\$250,000 FINE OR BOTH. (18 U.S.C. § 1001)	SIGNATURE
REMARKS:	DECEMBED.
	RECEIVED: RECEIVED
•	но66? 1 ??!!
	RETURN TO: U.S. PRO2 PROPERTY AND AND AND AND AND AND AND AND AND AND
	Q.C.
	Senior U. S. Probation Officer
	1330 Broadway, Suite 400
•	Oakland, CA 94612-2504
	·

REDACTED

PROBB (6) and (7)(C)



U.S. PROBATION OFFICE MONTHLY SUPERVISION REPORT FOR THE MONTH OF FEB., 19 94.

Name:	
(1)/	Court Name (Il different):
GARRITO PAZLLIP	J AME
PART A: RESIDENCE (If new	address, attach copy of lease/purchase agreement)
Street Address. Ant Number	Homa Phone: Other Phone:
City State Tin Code	Persons Living with you:
	A distribution
Complex/Subdivision: / Own or Rent?	Mother a WIFE
,	d you move during the month? Yes No
Monthly amount of rent/mortgage ?	If yes, date moved: Reason for Moving:
Mailing Address (if different):	THE SOUL THE MOYING.
•	·
, PART B: EMPLOYMENT (If I	unemployed, list source of support under Part D)
Name, Address, Phone No. of Employer:	Name of Immediate supervisor
н.	is your employer aware of your
•	
-	How many days of work did you miss?
	- DINCIA
	ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH
	Position Held: Grass Incomes , Normal Work Hours:
1/	COUTED a.som 10 / Am
Did you change jobs?	
PART C: VEHICLES	(List ail vehicles owned or driven by you)
1. Year/make/model: / Cofor;	The Mountain Owner:
at trade full Control	of + state (Cineux)
2. Year/make/mode/: Color. (,	Tan Alumbar () Where
71572 / ///	11/11/1/ 120000
OF HOUSE JAN VEHEN	VIAN A GENERING
PART D: MOI	NTHLY FINANCIAL STATEMENT
Net Income From Employment	Past Due Debts: Amount Past Due:
(Attach proof of earnings)	
Other Income: WI+6	
TOTAL MONTHLY INCOME	
TOTAL MONTHLY EXPENSES	
Do you have a checking account?	Do you have a savings account? Yes
☐ Individual ☐ Joint Balance:	□ Individual □ Joint Balance:
Bank Name:	Bank Name:
. 4	Account Number:
Account Number:	
List all purchases of Individual goods or services for which you paid	
Date Amount Method of	of Payment Description of Item
	•

PART E: COMPLIANCE WITH CONDITION	NS OF SUPERVISION DURING THE PAST MONTH
Wers you questioned by any law enforcement officers? ☐ Yes ☐ No	Were you arrested or named as a defendant in any criminal case? Yes /T: No
If yes, date:	If yes, when & where?
Agency	Charges:
Agency:	
Reason:	Disposition:
	receipt, charges, disposition, etc.)
Were any pending charges disposed of during the month? ☐ Yes EVNo	Was anyone in your household arrested or questioned by law enforcement? ☐ Yes /☐ No
• •	. "
If yes, date:	If yes, whom?
Court:	Reason:
Disposition:	Disposition:
Did you have any contact with anyone having criminal record?	Did you possess or have access to a firearm?
☐ Yes ☐ No	☐ Yes ☑ No
If yes, whom?	If yes, why?
	Did you travel outside the district without permission2
Did you possess or use any illegal drugs?	Did you travel outside the district without permission 2
If yes, type of drug:	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: Resti	tution Fine:
NOTE: ALL PAYMENTS TO BE MADE BY MONEY	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
	Do you have drug, alcohol-or-mental health aftercare?
Do you have community service work to perform? □ Yes □ No	
•	
Number of hours completed this month:	If yes, did you miss any sessions during pris month?
Number of hours missed:	Did you fail to respond to phone recorder Instructions?
Balance of hours remaining:	☐ Yes ☐ No
• .	If yes, why?
	17 705, 4117
WARNING: ANY FALSE STATEMENTS MAY RESULT IN	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND-CORRECT.
REVOCATION OF PROBATION, SUPERVISED RELEASE OR PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A	AMP CONNECT.
\$250,000 FINE OR BOTH.	HKIL 2195 3-2594
(18 U.S.C. § 1001)	SIGNATURE DATE
REMARKS:	RECEIVED: RECEIVED
	Mali OC
	—————————————————————————————————————
	RETURN TO: U.S. PROBATION OFFICE
	TAKE UST CAPE
	Senior U. S. Probation Officer
	1330 Broadway, Suite 400
¥	Oakland, CA 94612-2504
• •	7
	1

(7)(C)

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U.S. PROBATION OFFICE MARCH

		E WONTH OF THING	, 19
Name:	DI VI	Court Name (il different):	
CHELDO, NAM	64 [# ILL]	SAME	
/PART A: RE	ESIDENCE (If new address, a	attach copy of leaselpurchase ag	reement)
Street Address, Ant, Number:	•	Home Phone: Pager P	Phone: Other Phone:
Citu, State. Zie Code:		Persons Living with you:	<u> </u>
		Motheratuit	
Complex/Subdivision: 0	wn or Rent?	Did you move during the month?	Yes I No
Monthly amount of rent/mon	rtgage '	If yes, date moved:	
Malling Address (if different):		ii yes, date nioved:	Reason for Moving:
	·	•	•
PART B: E	EMPLOYMENT (If unemployed	ed, list source of support under l	Part D)
Name Address Phone Mo of Employer		Name of Immediate supervisor:	Is your employer aware of your criminal status? Yes
		How many days of work did you miss?	M/hu/2
		There was you wont one you made,	***************************************
		ATTACH ALL PAY STUBS/	VOUCHERS FOR THIS MONTH
· ·	•	Position Held: Gross Incom	
	•	COULER	
Did you change jobs? ☐ Yes ☐ No Were you terminated? ☐ Yes ☐ No	If changed jobs or terminated, state when and why:	Maritis I	
PAR	TC: VEHICLES (List all ve	chicles owned or driven by you)	
1. Year/make/model:	Color:	Tan Number Owner	
COG DOCAR VAN	- APPN	FA P	MCU CLARENTE
2_Year/make/model	69161: 41	Tan Number Owner	
81 Dobe VALA	TELOW	r <u>M</u>	Mu griece
	PART D: MONTHLY FI	NANCIAL STATEMENT	
Net Income From Employment (Attach proof of earnings)	00,	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? Y	es tà No
☐ Individual ☐ Joint Balan	nce;	☐ Individual ☐ Joint	Balance:
Bank Name:		Bank Name:	
Account Number:		Account Number:	
List all purchases of individual goods or service	es for which you paid \$500 or more	;	
Date Amount	Method of Payment	Desc	ription of Item
·			•

Were you questioned by any law enforcement officers?	NS OF SUPERVISION DURING THE PAST MONTH
	Were you arrested or named as a defendant in any Criminal case?
If yes, date:	☐ Yes ☐ No If yes, when & where?
Agency:	Charges:
· · · · · · · · · · · · · · · · · · ·	
Reason:	Disposition
(Attach copy of citation, Were any pending charges disposed of during the month?	receipt, charges, disposition, etc.)
Were any pending charges disposed of during the month? ☐ Yes ☑ No	Was anyone in your household arrested or pusefioned by law enforcement? ☐ Yes ☐ No
If yes, date:	If yes, whom?
Court:	Reason:
Disposition:	Disposition:
Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?
☐ Yes 1 No	☐ Yes ☑ No
If yes, whom?	If yes, why?
·	
Did you possess or use any illegal drugs? .	Did you travel outside the district without permission?
is les the no	Yes PRECEIVED
If yes, type of drug:	If yes, when and where? 1
	A 50 6 199A
Do you have community service work to perform? ☐ Yes ☐ No	Do you have drug, alcohol or mental health aftercare?
□ Yes □No	
☐ Yes ☐ No	
☐ Yes ☐ No	If yes, did you miss any sessions during this menth?
	If yes, did you miss any sessions during this menth? Did you fail to respond to phone recorder/instructions?
Number of hours completed this month: Number of hours missed:	If yes, did you miss any sessions during this menth? Did you fail to respond to phone recorder instructions? ☐ Yes ☐ No
☐ Yes ☐ No Number of hours completed this month: Number of hours missed: Balance of hours remaining:	If yes, did you miss any sessions during this menth? Did you fail to respond to phone recorder/instructions?
☐ Yes ☐ No Number of hours completed this month: Number of hours missed: Balance of hours remaining: WARNING: ANY FALSE STATEMENTS MAY RESULT IN	If yes, did you miss any sessions during this month? Did you fail to respond to phone recorder instructions? Yes D No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
☐ Yes ☐ No Number of hours completed this month: Number of hours missed: Balance of hours remaining:	If yes, did you miss any sessions during this menth? Did you fail to respond to phone recorder instructions? Yes D 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.	If yes, did you miss any sessions during this menth? Did you fail to respond to phone recorder instructions? Yes DNo If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
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	If yes, did you miss any sessions during this month? Did you fail to respond to phone recorder instructions? Yes D No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
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)	If yes, did you miss any sessions during this month? Did you fail to respond to phone recorder instructions? Yes D No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
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)	If yes, did you miss any sessions during this menth? Did you fail to respond to phone recorder instructions? Yes DNo If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE DATE
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)	If yes, did you miss any sessions during this menth? Did you fail to respond to phone recorder instructions? Yes DNo If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED: Mail OC
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)	If yes, did you miss any sessions during this menth? Did you fail to respond to phone recorder instructions? Yes ONO If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED:
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)	If yes, did you miss any sessions during this menth? Did you fail to respond to phone recorder instructions? Yes DNO If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED: Mail OC
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)	If yes, did you miss any sessions during this menth? Did you fail to respond to phone recorder instructions? Yes DNo If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND-CORRECT. SIGNATURE RECEIVED: Mail OC HC CC
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)	If yes, did you miss any sessions during this menth? Did you fail to respond to phone recorder instructions? Yes DNo If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED: Mail OC HC CC RETURN TO:
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)	Did you fail to respond to phone recorder instructions? 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)	Did you fail to respond to phone recorder instructions? Yes D 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.	Did you fail to respond to phone recorder instructions? Yes No

Own or Rent? Did you move during the month? Part B: EMPLOYMENT (If unemployed, list source of support under Part D) Name of invertigation and why and the month of the position and when and why attack when and why and the when and why are the month of the position and the properties of the propert	Pippons Living with you: Pippons Living with you:	Name:	Court Name (if different):
Own or Rent? Did you move during the month? Yes Did Tent/mortgage \$ If yes, date moved: Reason for Moving: PART B: EMPLOYMENT (If unemployed, list source of support under Part D) Individual to the provision of the provisi	ComplexSubdivision: Pageons Living with you.	MILLIP GARRIOSO	Some
Pageons Living with you: Pageons Living with you:	Other Phone: Piggons Living with your 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1		
Own or Rent? Did you move during the month? Yes D-No Tent/mortgage \$ If yes, date moved: Reason for Moving: PART B: EMPLOYMENT (If unemployed, list source of support under Part D) Maria of least the envisor. It your employer aware of your criminal pattus? Yes G. No ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH Position Held: Gros Normal Work Hours: YOU State when and why: PART C: VEHICLES (List all vehicles owned or driven by you) Color: Tag Number: Owner: PART D: MONTHLY FINANCIAL STATEMENT PART D: MONTHLY FINANCIAL STATEMENT	Complex/Subdivision: Complex/Subdivision:		Other Phone:
PART B: EMPLOYMENT (If unemployed, list source of support under Part D) Name of least continued envisor. Is your employer aware of your criminal status? Yes D. N.	Monthly amount of rent/mortgage \$ Mailing Address (if different): Name	Mile Gener Zin Politic	Parsons Living with you: / 11/11/11/11/11
PART B: EMPLOYMENT (If unemployed, list source of support under Part D) Name of least l	Monthly amount of rent/mortgage \$ Mailing Address (if different): PART B: EMPLOYMENT (if unemployed, list source of support under Part D) Name, Address, Phone No. of Employer: Name of temployer swere of your chrolinal spitus? Yes The State		-MANCY-WI
PART B: EMPLOYMENT (If unemployed, list source of support under Part D) The project of support under Part D) The project of support under Part D) The project of support under Part D) The project of support under Part D) The project of support under Part D) To your employer aware of your criminal parture? The project of work did you miss? The project of work did you miss? The project of the project of	Mailing Address (if different): PART B: EMPLOYMENT (if unemployed, list source of support under Part D) Name, Address, Phone No. of Employer: I have a fill the source of support under Part D) Name, Address, Phone No. of Employer: I have a fill the source of support under Part D) Name, Address, Phone No. of Employer: I syour employer aware of your change jobs? ATTACH ALL PAT STUBS/VOILCHEUS FOR THIS NOTH Position Held: Gross Nogmal Work Hours: PART C: VEHICLES (List all vehicles owned or driven by you) 1. Year/make/model: PART C: VEHICLES (List all vehicles owned or driven by you) PART C: VEHICLES (List all vehicles owned or driven by you) PART D: MONTHLY FINANCIAL STATEMENT Net Income From Employment (Atlach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking isocount? Yes No	,	Use you move during the month? ☐ Yes ☐ NO
Name of Image of Your envisor: Name of Image of Your envisor: Is your employer aware of your criminal gatus? Yes Indicated	PART B: EMPLOYMENT (If unemployed, list source of support under Part D) Name, Address, Phone No. of Employer: Name, Address, Phone No. of Employer: Name, Address, Phone No. of Employer: Name, Address, Phone No. of Employer: Name, Address, Phone No. of Employer: Name, Address, Phone No. of Employer: Yes Name, Address, Phone No.		if yes, date moved: Reason for Moving:
Name of Invasion: Is your employer aware of your criminal gatus? Yes Yes Yes ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH	Name, Address, Phone No. of Employer: Name of temployer aware of your chininal platus? Yes No.	-	
How many days of work did you miss? How many days of work did you miss? ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH Position Held: Gros Nonnal Work Hours: PART C: VEHICLES (List all vehicles owned or driven by you) PART D: MONTHLY FINANCIAL STATEMENT PART D: MONTHLY FINANCIAL STATEMENT	Name, Address, Phone No. of Employer: Name of Lendson: Is your employer aware of your criminal softus? Yes 2 Me	, PART B: EMPLOYMENT (If unemploy	red, list source of support under Part D)
How many days of work did you miss? ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH Position Held: Gros Noomal Work Hours: Noomal Work Hours: PART C: VEHICLES (List all vehicles owned or driven by you) Color: Tag Number: Owner: PART D: MONTHLY FINANCIAL STATEMENT	How many days of work did you miss? No.	Add by Add by	Nama of immodiate a gryisor.
ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH Position Held: Gros Normal Work Hours: JOO WASE 4 Coles: Pay PM If changed jobs or terminated, state when and why: PART C: VEHICLES (List all vehicles owned or driven by you) Color: Tao Number: Owner: ALE M Solid: Tag Number: Owner: PART D: MONTHLY FINANCIAL STATEMENT	ATTACH ALL PAT STUBS/VOUCHERS FOR THIS MOSTER Position Held: Gree Nogmal Work Hours: JOO WASSEY CORE Did you change jobs?		
Position Held: Gros Nompal Work Hours: JOO WASE 4 Dec. TO No If changed jobs or terminated, state when and why: PART C: VEHICLES (List all vehicles owned or driven by you) Color: Tag Number: Owner: Color: Tag Number: Owner: PART D: MONTHLY FINANCIAL STATEMENT The part of th	Did you change jobs? Yes TO NO It changed jobs or terminated, Were you terminated? Yes TO NO It changed jobs or terminated, State when and why: WEST W		How many days of work did you miss?
Position Held: Gros Nonnal Work Hours: JOO WASE 4 Des Pry PM To No It changed jobs or terminated, state when and why: PART C: VEHICLES (List all vehicles owned or driven by you) Color: Tag Number: Owner: Color: Tag Number: Owner: PART D: MONTHLY FINANCIAL STATEMENT The Part of the property of t	Did you change jobs? Yes TO No If changed jobs or terminated, What I was a savings account? Yes TO No Yes TO No If changed jobs or terminated, What I was	ATTACH ALL PAY STURS VOICHERS FOR THIS MOVEL	
PART C: VEHICLES (List all vehicles owned or driven by you) Color: Tag Number: Owner: Obligh: Tag Number: Owner: PART D: MONTHLY FINANCIAL STATEMENT	PART C: VEHICLES (List all vehicles owned or driven by you) 1. Year/make/model: Color: Tag Number: Owner: VEHICLES (List all vehicles owned or driven by you) 1. 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 Do you have a savings account? □ Yes ☑ No		
PART C: VEHICLES (List all vehicles owned or driven by you) Color: Tag Number: Owner: Color: Tag Number: Owner: PART D: MONTHLY FINANCIAL STATEMENT TOTAL PART D: MONTHLY FINANCIAL STATEMENT	PART C: VEHICLES (List all vehicles owned or driven by you) 1. Year/make/model: Color: Tao Number: Owner: 2. Year/make/model: Degree Att Solor: Net Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? Yes No		NURSEY COLE Y PM-SPM
Color: Tag Number: Owner: AREEM TAG Number: Owner: Soloy: Tag Number: Owner: PART D: MONTHLY FINANCIAL STATEMENT TO-B	1. Year/make/model: Color: Tag Number: Owner: 2. Year/make/model: Oblor: 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? Past Divided Proof of the proof of th	Did you change jobs?	JAKER WATERING UNKECD!
PART D: MONTHLY FINANCIAL STATEMENT OMER DARRIST PART D: MONTHLY FINANCIAL STATEMENT OMER DARRIST PART D: MONTHLY FINANCIAL STATEMENT	A DEST AND CHEEN Solor: Tag Number: Owner: Owner: Strain Destroy Control of Solor: Tag Number: Owner: Owner: Owner: Strain Destruction of Solor: Tag Number: Owner:	PART C: VEHICLES (List all ve	ehicles owned or driven by you)
PART D: MONTHLY FINANCIAL STATEMENT 1-2	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?	1. Year/make/model: Color:	Tao Number: Owner:
PART D: MONTHLY FINANCIAL STATEMENT PART D: MONTHLY FINANCIAL STATEMENT	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?	2 Vestimakelmodel	Tag Number
Mar R. M.	Net Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account?	RI TORDE LAN YELLOW)	noucu ann
Past Due Debts: Amount Past Due:	Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? Yes P No Do you have a savings account? Yes P No	PART D: MONTHLY FI	NANCIAL STATEMENT
5/5/94	Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? Yes No Do you have a savings account? Yes Yes Yes Yes Yes Yes Yes Yes	Net Income From Employment Car Paris and	Past Due Debts: Amount Past Due:
0	TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? Yes No Do you have a savings account? Yes Yes No		
	TOTAL MONTHLY EXPENSES Do you have a checking account? Yes P No Do you have a savings account? Yes P No	Other Income:	<u> </u>
	Do you have a checking account? Yes No Do you have a savings account? Yes Y No	TOTAL MONTHLY INCOME	
s		TOTAL MONTHLY EXPENSES	
? [] Yes No Do you have a savinos account? [] Yes D' No		Do you have a checking account? ☐ Yes 🖻 No	Do you have a savings account? [3] Yes [7] No
	t Individual i∃ Joint Balance: . I E∏ Individual (1 Joint Balance:		
CENTED	A CELVED	a refule D	
E OFF TO SEE TO	Bank Name: Bank Name:	Bank Name: WFL TIV-E	Bank Name:
Bank Name:	Account Number: List all purchases of individual goods or services for which you paid \$500 or more. Account Number: Account Number: Account Number:	· ·	
Balance: Individual	Bank Name: DFCEIVED Bank Name: Account Number: Accords Number: Accords Number:	1) Individual Joint Balance:	Bank Name:

PART E: COMPLIANCE WITH CONDITIONS	S OF SUPERVISION DURING THE PAST MONTH
Were you questioned by any law enforcement officers?	Were you arrested or named as a defendant in any criminal case?
If yes, date:	If yes, when & where?
Agency:	Charges:
Reason:	Charges:
(Attach copy of citation, re-	ceipt, charges, disposition, etc.)
	Was anyone in your household arrested or questioned by law enforcement?
. □ Yes □ No	. Yes 🗗 No
If yes, date:	If yes, whom?
Court:	Reason:
Disposition:	Disposition:
Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?
□ Yes □ No	☐ Yes ☐ No
	Vana a ta 2
If yes, whom?	If yes, why?
Did you possess or use any illegal drugs?	Did you travel outside the district without permission2
☐ Yes ₩ Mo	☐ Yes No
If yes, type of drug:	If yes, when and where?
Do you have a special assessment, restitution or fine?	o-If yes, amount paid during the month:
· Special assessment: Restitu	tionFine;
NOTE: ALL PAYMENTS TO BE MADE BY MONEY O	RDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
Do you have community service work to perform?	Do-you have drug, alcohol or mental health-aftercare?
☐ Yes ☐ No	
Number of hours completed this month.	If yes, did you miss any sessions during this month?
	in feet and four mode any decodoral equing and money.
Number of hours missed:	Did you fail to respond to phone recorder instructions?
Balance of hours remaining:	☐ Yes ☐ No
	If yes, why?
WARNING: ANY FALSE STATEMENTS MAY RESULT IN	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
REVOCATION OF PROBATION, SUPERVISED RELEASE OR PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A	AND CORRECT.
\$250,000 FINE OR BOTH.	13094
(18 U.S.C. § 1001)	SIGNATURE
REMARKS:	RECEIVED:
ornario.	
	Mail OC
	нссс
	DETURN TO
·	RETURN TO:
	Senior U. S. Probation Officer
· ·	1330 Broadway, Suite 400
	Oakland, CA 94612-2504
	, and the moot
	, was
1	
U.S. Probation Officer Date	

PROB 8 (Piev. 6/91) D(6) and (7)(C)

REDACTED



U.S. PROBATION OFFICE MONTHLY SUPERVISION REPORT FOR THE MONTH OF THE MONTH OF

Name:	Court Name (il dillerent):
Thillip GATTIOO	
PART A: RESIDENCE (II new address	ess, attach copy of lease/purchase agreement)
Street Address, Apt. Number:	Home Phone: Other Phone:
City, State. Zin Code:	Person's Living with you:
	navey &
Complex/Subdivision: Own or Hent?	Did you move during the month? Yes
fonthly amount of rent/mortgage \$	If yes, date moved: Reason for Movin
halling Address (if different):	n yes, bate moved neason to movin
· · · · · · · · · · · · · · · · · · ·	ployed, list source of support under Part D)
łamę, Address, Phone No. of Emplover:	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:
	Delivery NOT Paid Till
old you change jobs?	ed,
the state of the s	all vehicles owned or driven by you)
. Year/make/model: Color:	Ten Number Owner:
981 Dodge VAN Vellow	MANCY SACRY
2. Year/make/model: Cofor:	Tao Mumber: Owner:
466 DANGENTAN Green	PANCY CART
PART D: MONTHL	Y FINANCIAL STATEMENT
	Past Due Debts: Amount Past Due:
Net Income From Employment (Attach proof of earnings)	The state of the s
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Other Income:	
TOTAL MONTHLY INCOME	
TOTAL MONTHLY EXPENSES	
Do you have a checking account? Yes No	Do you have a savings account? Yes
•	☐ 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	•
Date Amount Method of Payr	ment Description of Item
	•
	c .

U.S. Probation Officer

PART E: COMPLIANCE WITH CONDITION	IS OF SUPERVISION DURING THE PAST MONTH
Were you questioned by any law enforcement officers? ☐ Yes ☐ Yo	Were you arrested or named as a defendant in any criminal case?
If yes, date:	If yes, when & where?
Agency:	Charges:
Reason	
neason:	Disposition:
(Attach copy of citation, re Were any pending charges disposed of during the month?	ecelpt, charges, disposition, etc.) Was anyone in your household amented or questioned by law unforcement?
□ Yes □ No	D Yes C No
If yes, date:	If yes, whom? RECEIVED
Court:	Reason:
Disposition:	Disposition:
Did you have any contact with anyone having a criminal record? ☐ Yes ☐ No	Did you possess or have access to a firealing. FROM THEN OFFICE. OAKLAND
If yes, whom?	If yes, why?
Did you possess or use any illegal drugs?	Did you travel outside the district without permission?
If yes, type of drugs	If yes, when and where?
· · · · · · · · · · · · · · · · · · ·	
Do you have a special assessment, restitution or fine?	
Special assessment: Restitu	utlon Fine;
	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
Do you have community service work to perform? ☐ Yes ☐ No	Do-you-have-drug, alcohol-er-mental-health-aftercare?
— ., —	
Number of hours completed this month:	Hyes, did you miss any sessions during this manus
Number of hours missed:	Did you fail to respond to phone recorder instructions?
Balance of hours remaining:	Yes O No
	If yes, why?
WARNING: ANY FALSE STATEMENTS MAY RESULT IN REVOCATION OF PROBATION, SUPERVISED RELEASE OR	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT.
PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A	01.1 1. ~ ~ (//2)
\$250,000 FINE OR BOTH. (18 U.S.C. § 1001)	SIGNATURE DATE
REMARKS:	RECEIVED:
	Mall OC
	:
•	нссс
	RETURN TO:
	Senior U. S. Probation Officer
	1330 Broadway, Suite 400
	Oakland, CA 94612-2504
	~-/

MONTHLY SUPERVISION REPORT FOR THE PART A: RESIDENCE (II new address, att.) PART B: EMPLOYMENT A: SEPTIMENT ASSETTING ASSETT	Court Name (il dillere-	
PART A: RESIDENCE (II new address, att.) PART A: RESIDENCE (II new address, att.) PART B: EMPLOYMENT A: SEPTEMBER OF THE PART C: STILLE' AND THE PAR	Court Name (il dillera- The AME ach copy of lease/purchase agreement) Other Phone: Persons Living with you Mothica Wife Tas Take ves, date mixed Reason for Moving: Is your empt. or aware of your criminal analism? In Yes 22 No. 1935 I. 1949 Jan miss? Why? Market Sales of the American State of Your criminal analism? In Yes 22 No. Market Sales of the American State of Your criminal analism. In Yes 22 No. Market Sales of the American State of Your criminal analism. In Yes 22 No. Market Sales of the American State of Your criminal analism. In Yes 22 No. Market Sales of the American State of Your criminal analism. In Yes 22 No. Market Sales of the American State of Your criminal analism. In Yes 22 No. Market Sales of the American State of Your criminal analism. In Yes 22 No. Market Sales of the American State of Your criminal analism. In Yes 22 No. Market Sales of the Y	
PART A: RESIDENCE (If new address, all PART A: RESIDENCE (If new address, all If the part of Redit and the p	ach copy of lease/purchase agreement) Persons Living with you Mothica Wife you move during III/ ves, date mixed Reason for Moving: Is your empt. for aware of your criminal status? If Yes, I have a process and the process are the process and the process are the process and the process are the process and the process are the process and the process are the process and the process are the process and the process are the process and the process are the process and the process are the process and the process are the process and the process are the process are the process and the process are the proc	
PART 8: EMPLOYMENT 7: PART 8: EMPLOYMENT 7: PART C: STOLE! PART C: STOL! PART C: ST	Other Phone: Ot	
PART S: EMPLOYMENT TO PROTECT THE PART S: EMPLOYMENT TO PROTECT THE PART S: EMPLOYMENT TO PART S: EMPLOYMENT T	Persons Living with you MOTHICA WHO Tas TENC Ves, date mixed Reason for Moving: Ves, date mixed Reason for Moving: Is your empt. or aware of your criminal status? E Yes 2 No Volume of the post with the post of the po	
PART S: EMPLOYMENT AND PROPERTY OF THE PROPERT	Ves, date mixed Reason for Moving: Ves, date mixed Reason for Moving: Property of Support under Part D) Its your empt. for aware of your criminal status? If Yes D. No. Ves, date mixed Reason for Moving: And the support under Part D) And the s	
PART 8: EMPLOYMENT AND PROCESS AND ART SET OF THE PROCESS AND ART SET OF TH	Reason for Moving: Reason for Moving: And the state of	
PART 8: EMPLOYMENT 7: PART 8: EMPLOYMENT 7: PART 8: EMPLOYMENT 7: PART C: STOLE PART C: STOLE RT C: STOLE PART C: STOLE PART C: S	Reason for Moving: Reason for Moving: And the state of	
PART 8: EMPLOYMENT II. JE Domina No. of Employer Mid you change wis? If the Visit And Je Hilling Arms I will PART C: STICLE! Team researced Columns The Docycle VAV: Green Green Green The Docycle VAV: Green Green The Docycle VAV: Green	ts your empt. or aware of your criminal anatural E Yes 2 No 1995 1 1997 1998 2 No 1997 1998 1998 1998 1998 1998 1998 1998	
PART C: STICLE!	Is your empt. er aware of your criminal avalua? It Yes ZI No way? Why? Why? Why? Why? Why?	
PART C: STICLE!	Is your empt. er aware of your criminal avalua? It Yes ZI No way? Why? Why? Why? Why? Why?	
PART C: STICLE PART COURT PART C: STICLE PART C: ST	Criminal analous C Yes 2 No criminal analous C Yes 2 No why? Why? Why? Why? Why? Why? Why?	
PART C: CHICLE! :: ITS Year Takemodel Will PART C: CHICLE! :: ITS Year Takemodel Will PART C: CHICLE!	DANGES:	
PART C: CHICLE! :: ITS Year Takemodel Will PART C: CHICLE! :: ITS Year Takemodel Will PART C: CHICLE!	DANALES:	
PART C: CHICLE! :: ITS Year Takemodel Will PART C: CHICLE! :: ITS Year Takemodel Will PART C: CHICLE!	DANALES:	
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PART C: CHICLE! :: ITS Year Takemodel Will PART C: CHICLE! :: ITS Year Takemodel Will PART C: CHICLE!	s 'es owned or driven by you)	
He Docate VAV. GREEN	s 'es owned or driven by you)	
4 Docque VAN, GREEN		
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Yearmakelmodel / / /Joy/	Onger ()	
81 Dotge VM VELOW	- Marry CARRIED	
PART D: MCNTHLY FE	NCIAL STATEMENT	
tel Income From Employment P	ast Due Debts: ount Past Due:	
Other income:		
OTAL MONTHLY INCOME	(C)	
OTAL MONTHLY EXPENSES		
	o you nave a savings account? [] Yes 140	
Individual . Barance:	C Individual Salance	
Bank Name B.	Bank Name:	
Account Number A	ccount Number:	
lst all purchases of individual good) or services for which you paid \$500 or more		
Date Amount Method of Payment	Description of Item	
	•	

PART E: COMPLIANCE WITH CONDITION	ONS OF SUPERVISION DURING THE PAST MONTH
Were you questioned by any law enforcement officers?	Were you arrested or named as a defendant in any criminal case? Yes L No
If yes, date:	If yes, when & where?
Agency:	Charges:
Reason:	Disposition:
	receipt charges disposition etc.)
Were any pending charges disposed of during the month? ☐ Yes ☐ No	Was anyone in your household arrested or questioned by law enforcement? ☐ Yes ☐ No
Il yes, date:	If yes, whom?
Court:	Reason:
Elaposition:	Disposition:
Old you have any contact with phyone having a criminal record? Yes No	Oid you possess or have access to a lirearin? C Yes ENO
8 yes, whom?	if yes, why?
Did you possess or use any illegal drugs?	Old you travel outside the district without permission?
□ Yes □ No	☐ Yes The No
If yes, type of drug:	If yes, when and where?
be for here a choose and a choose and a choose a	No—If yes, amount paid during the month:
	titution Fine:
NOTE: ALL PAYMENTS TO BE MADE BY MONE	Y ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
Do you have community service work to perform?	Do you have drug, alcohol or mental health aftercare?
Number of hours completed this month:	If yes, did you miss any sessions during this month?
Number of hours missed:	Old you fall to respond to phone recorder instructions?
Balance of hours remaining:	Uld you rain to respond to priority testing. Institution in
	If yes, why?
WARNING: ANY FALSE STATEMENTS MAY RESULT IN REVOCATION OF PROBATION, SUPERVISED RELEASE OR	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A \$250,000 FINE OR BOTH.	1/2/99 7/2/99
(18, U.S.C. § 1001)	SIGNATURE
REMARKS.	RECEIVED:
	MailOC
	нссс
	RETURN TO:
•	
•	Senior U. S. Probation Officer
	1330 Broadway, Suite 400 Oakland, CA 94612-2504
	Oakianu, GA 34012-2004

PROB 8 (Rev. 6/91) (6) and (7)(C)

	TION OFFICE
MONTHLY SUPERVISION REPORT FOR THE	HE MONTH OF $\frac{19}{17}$, $\frac{19}{17}$.
Name Phillip Dahu (1)	Court Name (il different):
VPART A: RESIDENCE (II new address,	attach copy of lease/purchase agreement)
Straet Address, Agt. Number.	Home Phone: Other Phone:
	Mother + Wile
Complex/Subdivision: Own or Rent?	id you move during the month? \(\text{Yes} \)
Monthly amount of rent/mortgage \$	If yes, date moved; Reason for Moving
Malting Address (if different):	If yes, date moved: Reason for Moving:
PART B: EMPLOYMENT (If unemploy Name Arkirass, Phone No. of Employer,)	red, list source of support under Part D)
,	Name of immediate supervisor: is your employer aware of your criminal status? ☐ Yes ☐ No
•	rlow many days of work did you miss? Why?
	ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH
	Position Held: Gross Income: Normal Work Hours:
	DELECTERUIE
Did you change jobs? Yes No If changed jobs or terminated, were you terminated? Yes No state when and why:	8.
PART C: VEHICLES (List all v	ehicles owned or driven by you)
1. Year/make/model: Cotor:	Tag Number: 1. Couper:
Of lotge My	- 141ly GARRO
2. Year/make/model: Color:	IMIC O TONG
PART D; MONTHLY F	INĂNCIAL STATEMENT
PART D. MIONTIEL I	IVANVOIAL STATEMENT
Net Income From Employment (Attach proof of earnings)	Past Due Debts: Amount Past Due:
Other Income:	
TOTAL MONTHLY INCOME	\X
TOTAL MONTHLY EXPENSES	
Do you have a checking account?	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	e:
Date Amount Method of Paymen	Description of Item

U.S. Probation Officer

PART E: COMPLIANCE WITH CONDITION	IS OF SUPERVISION DURING THE PAST MONTH	٠.
Were you questioned by any law enforcement officers? ☐ Yes ☐ No	Were you arrested or named as a defendant in any criminal case? Yes @ No	
If yes, date:	If yes, when & where?	
Agency:	Charges:	•
Reason:	Disposition:	•
(Attach copy of citation in	eceipt, charges, disposition, etc.)	
Were any pending charges disposed of during the month?	Was anyone in your household arrested or questioned by law enforcement?	
Yes (1) Yo	· □ Yes □ No · · ·	
If yes, date:	If yes, whom?	
Court:	Reason:	
Disposition:	Disposition:	
Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm? /	
Yes D No	Yes ONo	
If yes, whom?	If yes, why?	
Did you possess or use any illegal drugs?	Did you travel outside the district without permission?	
☐ Yes ☑ No	☐ Yes ·tD No	
If yes, type of drug:	If yes, when and where?	
Do you have a special assessment, restitution or fine?	No—If yes, amount paid during the month:	
	ution Fine:	
Special assessment	ution	
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?	Do you have drug, alcohol or mental health aftercare?	
□ Yes □ No		
Number of hours completed this month:	If yes, did you miss any sessions during this month?	
Number of hours missed:		
Balance of hours remaining:	Did you fail to respond to phone recorder instructions?	
	If yes, why?	
	If yes, why?	
WARNING: ANY FALSE STATEMENTS MAY RESULT IN	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE	
REVOCATION OF PROBATION, SUPERVISED RELEASE OR PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A	AND CORRECT.	
\$250,000 FINE OR BOTH.	WWW. Hand Soldan	
(18 U.S.C. § 1001)	SIGNATURE DATE	
REMARKS:	RECEIVED:	
	MailOC	
90s the as as a	нссс	
RECEIVED	RETURN TO:	
****	ncionis IO.	
AUG & 1994		
U.S. PROBATION OFFICE	Senior U.S. Probation Officer	
NORTHERN DIST. CALIF.	1330 Broadway, Suite 400	
OAKLAND	Oakland, CA 94612-2504	

PROB 8 (Fev. 6) (6) and (7)(C)

MONTHLY SUPERVISION REPORT FOR TH	HE MONTH OF HOUST 19 94
Name	Court Name (if different):
- PhiLLIP (OARRIST	Serve 1 : 1994
PART A: RESIDENCE (If new address,	attach copy of lease/purchase agreement)
Sket Address, Apt. Number.	Home Phone: Pager Phone: 115. Suppose Phone: 115. Phon
	Persons Living with you: A ANCU-WAX Mam
Complex/Subdivision: Own or Rent?	Did you move during the manth? Yes No
Monthly amount of rent/mortgage \$	
Mailing Address (I dilterent):	If yes, date moved: Reason for Moving:
PART B: EMPLOYMENT (II unemploy	yed, list source of support under Part D)
Name, Address, Phone No. of Employer: 11/1	Name of Immediate supervisor
-	Is your employer aware of your criminal status? Yes
·	ow 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 Ye	
	ehicles owned or driven by you)
Year/make/model: Color:	Tag Number: Owner:
11 Tax con Van	Ans. Donal
2 Year/make/medet: Colors/	tag Number Wher:
VI Bour Vand Villand	May a Down a
PART D: MONTHLY F	INANCIAL 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	Do you have a savings account?
☐ 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	e.
Date Amount Method of Paymen	Description of Item
·	

U.S. Probation Officer

PART E: COMPLIANCE WITH CONDITIONS	S OF SUPERVISION DURING THE PAST MONTH
Were you questioned by any law enforcement officers? ☐ Yes ☐ No	Were you arrested or named as a defendant in any criminal case?
If yes, date:	If yes, when & where?
Agencyc	Charges:
Agency:	Unal ges.
Reason:	Disposition:
	ceipl, charges, disposition, etc.)
Were any pending charges disposed of during the month?	Was anyone in your household arrested or questioned by law enforcement?
☐ Yes 💆 No	□ Yes □ the
If yes, date:	If yes, whom?
Court:	Reason:
Disposition:	Disposition:
Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?
□ Yes □ No ·	Yes D Mo
If yes, whom?	If yes, why?
Did you possess or use any illegal drugs?	Did you travel outside the district without permission?
☐ Yes ☐ No	Yes To No
If yes, type of drug:	If yes, when and where?
11 yes, type of drug.	,
Do you have a special assessment, restitution or fine?	
,	
Special assessment: Restitution Restitutio	rtionFine:
NOTE: ALL PAYMENTS TO BE MADE BY MONEY O	PRDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
Do you have community service work to perform?	Do you have drug; alcohol or mental nealth aftercare?
Yes VNo	
Mark and the company of the company	If yes, did you miss any sessions during this pronth?
Number of hours completed this month:	il yes, did you miss any sessions during this profiter
Number of hours missed:	Did you fail to respond to phone recorder instructions?
Balance of hours remaining:	blu you lan to respond to priorie recorder mondetions:
	Yes DM6
	16 yes D Mo
	If yes, why?
WARNING: ANY FALSE STATEMENTS MAY RESULT IN	If yes, why?
WARNING: ANY FALSE STATEMENTS MAY RESULT IN REVOCATION OF PROBATION, SUPERVISED RELEASE OR	If yes, why?
WARNING: ANY FALSE STATEMENTS MAY RESULT IN	If yes, why?
WARNING: ANY FALSE STATEMENTS MAY RESULT IN REVOCATION OF PROBATION, SUPERVISED RELEASE OR PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A	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)	If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE OF THE PROPERTY OF
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.	If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED:
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:	If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED:
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:	If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED:
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)	If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED: Mail OC HC CC
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:	If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE Mail OC HC CC RETURN TO:
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)	If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED: Mail OC HC CC
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)	If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE Mail OC HC CC RETURN TO:
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)	If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED: Mail OC HC CC RETURN TO:
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)	If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE Mail OC HC CC RETURN TO: Senior U. S. Probation Officer 1330 Broadway, Suite 400
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)	If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED: Mail OC HC CC RETURN TO: Senior U. S. Probation Officer

Name:	Court Name (if different):
Phillip GAVEIDA	
PART A: RESIDENCE (If new address,	attach copy of lease/purchase agreement)
Street Address, Apt. Number:	Home Phone: Other Phone:
July, State. ZIB CODE:	Persons Living with you:
	mom & with
Complex/Subdivision; Own or Rent?	Did you move during the month? Yes S No
Monthly amount of rent/mortgage \$, if yes, date moved: Reason for Moving:
Mailing Address (if different):	if yes, date moved: Reason for Moving:
PART B: EMPLOYMENT (If unemplo	yed, 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 yey 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, Were you terminated? ☐ Yes ☐ No state when and why:	· · · · · · · · · · · · · · · · · · ·
	rehicles owned or driven by you) (JAKIANI)
1. Yeer/make/model: Color:	Tag Number: Corner: (IF) (INEXA TUBY C.7.15 (IF) (INEXA TUBY C.1.15)
- 1981 Noche VAN 1/ellow	<u></u>
2. Year/make/model: S Coller:	rag Number/ . Owner: (C13 0 C34)
PART D: MONTHLY F	INANCIAL STATEMENT BECEIVED
	Past Due Debts: Amount Past Due:
Net Income From Employment	Amount Past bue.
Other Income:	
TOTAL MONTHLY INCOME	
TOTAL MONTHLY EXPENSES	
Do you have a checking account? Per Pio	Do you have a savings account?
🗆 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	e: ,
Date <u>Amount</u> <u>Method of Paymen</u>	<u>Description of item</u>
. \	

U.S. Probation Officer

₹EDACTED

PART E: COMPLIANCE WITH CONDITI	IONS OF SUPERVISION DURING THE PAST MONTH
Were you questioned by any law enforcement officers? ☐ Yes ☐ No If yes, date:	Were you arrested or named as a defendant in any criminal case? ☐ Yes ☐ No
	If yes, when & where?
Agency:	Charges:
Reason:	Disposition:
	n, receipt, charges, disposition, etc.)
Were any pending charges disposed of during the month?	Was anyone in your household arrested or questioned by law enforcement?
Tes Divio	The Yes B. No
If yes, date:	If yes, whom?
Court:	Reason:
Disposition:	Disposition:
Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?
☐ Yes ◯ No	☐ Yes ⊠ No
If yes, whom?	If yes, why?
Did you possess or use any illegal drugs?	Did you travel outside the district without permission?
□ Yes Q No	☐ Yes No.
If yes, type of drug:	If yes, when and where?
if yes, type of drog.	OCT 2 6 1994
•	NORTHERN DIST. CALIF. CAKLAND Y ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
Do you have community service work to perform? ☐ Yes ☐ No	Do you have drug, alcohol or mental health aftercare?
	· · ·
Number of hours completed this month:	If yes, did you miss any sessions during this month?
Number of hours missed:	
Deleges of hours completed	Did you fail to respond to phone recorder instructions?
Balance of hours remaining:	Did you fail to respond to phone recorder instructions?
Balance of hours remaining:	Did you fail to respond to phone recorder instructions?
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)	Did you fail to respond to phone recorder instructions?
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)	Did you fail to respond to phone recorder instructions? Yes IS No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND SORRECT.
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.	Did you fail to respond to phone recorder instructions? Yes IS No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND SORRECT. WIGNATURE RECEIVED:
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)	Did you fail to respond to phone recorder instructions? Yes IS No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND SORRECT. SIGNATURE DATE
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)	Did you fail to respond to phone recorder instructions? Yes IS No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND SORRECT. WIGNATURE RECEIVED:
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)	Did you fail to respond to phone recorder instructions? Yes IS No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND SORRECT. WSIGNATURE RECEIVED: MailOC
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)	Did you fail to respond to phone recorder instructions? Yes 15 No
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)	Did you fail to respond to phone recorder instructions? Yes 15 No
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)	Did you fail to respond to phone recorder instructions? Yes (5) No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE ANDISORRECT. SIGNATURE RECEIVED: Mail OC HC RETURN TO:
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)	Did you fail to respond to phone recorder instructions? Yes 19 No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND SORRECT. SIGNATURE RECEIVED: Mail OC HC CC RETURN TO: U.S. PROBATION OFFICE
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)	Did you fail to respond to phone recorder instructions? Yes 15 No

PROB 8 · _ (Rev. 6/31)



U.S. F MONTHLY SUPERVISION REPORT F	FOR THE MONTH OF 10. 19 94.
Phillip Sarrida	Court Name (if different):
PART A: RESIDENCE (If new Street Address, Apt. Number:	address, attach copy of lease/purchase agreement) Hor Phone: Other Phone:
Complex/Subdivision: Own or Rent?	Persons Eviling with vary: Thom - Manay - Wife I you move during the month? Yes D. No.
Monthly amount of rent/mortgage \$ Mailing Address (II different): Sawe	If yes, date moved: Reason for Moving:
PART B: EMPLOYMENT (If	unemployed, list source of support under Part D)
Name, Address, Phone No. of Employee Anthropy	Name of immediate supervisor. Is your employer awars of your criminal status? Yes 1 No
	How many days of work did you miss? Why?
	ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH Position Heid: Gross Income: Normal Work Hours:
Did you change jobs? ☐ Yes ☐ No If changed jobs or te state when and why: PART C: VEHICLES	
Year/make/model: Color:	. Tan Niember Owner
Charlinge on Green R. Vaaringke/model Copper	Tou Number Owner:
81 Dales Jan Mulling	2 Daney
PART D: MOI	NTHLY FINANCIAL STATEMENT
Net income From Employment (Attach proof of earnings)	Past Due Debts: Amount Past Due:
Other Income:	- 0
TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES	
Do you have a checking account? Yes K No	Do you have a savings account? Yes No
☐ Individual ☐ Joint Balance:	
Account Number:	Bank Name:
Ist all purchases of individual goods or services for which you paid to the Date Amount Method of the Method of th	\$500 or more: Description of Item
\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	

U.S. Probation Officer

Were you questioned by any law enforcement officers?	ONS OF SUPERVISION DURING THE PAST MONTH
☐ Yes ☑ No	Were you arrested or named as a defendant in any etiminal case?
Tyesydate:	If yes, when & where?
Aconor	•
Agency:	Charges:
Reason:	Disposition:
. (Attach copy of citation	, receipt, charges, disposition, etc.)
Were any pending charges disposed of during the month?	Was anyone in your household arrested or questioned by law enforcement?
□. Yes ☐ No	☐ Yes ☐ No
f yes, date:	If you whom?
7 .	If yes, whom?
Court:	Reason:
~	RECEIVED -
Disposition:	Disposition:
Old you have any contact with anyone having a efiminal record?	Did you possess or have access to a firearin?
☐ Yes ☐ No	
	- U.S. PRODUCTION OFFICE
f yes, whom?	If yes, why? NORTHERN DIST. CALIF.
Nd	OAKLAND
olid you possess or use any illegal drugs?	Did you travel outside the district without permission?
⊔ tes € N0	☐ Yes ☐ No
yes, type of drug:	If yes, when and where?
	0
	Z
bo you have a special assessment, restitution or fine? 日 Yes 以	No—If yes, amount paid during the month:
	· · · · · · · · · · · · · · · · · · ·
Special assessment Rest	titution Fine:
Special assessment Rest	· · · · · · · · · · · · · · · · · · ·
Special assessment Rest	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
Special assessment Rest NOTE: ALL PAYMENTS TO BE MADE BY MONEY	titution Fine:
Special assessment Rest NOTE: ALL PAYMENTS TO BE MADE BY MONEY o you have community service work to perform? ☐ Yes ☐ No	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drug, alcohol or mental health aftercare?
Special assessment Rest NOTE: ALL PAYMENTS TO BE MADE BY MONEY o you have community service work to perform? ☐ Yes ☐ No	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
Special assessment Rest NOTE: ALL PAYMENTS TO BE MADE BY MONEY o you have community service work to perform? I Yes	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drug, alcohol or mental health aftercare?
Special assessment Rest NOTE: ALL PAYMENTS TO BE MADE BY MONEY o you have community service work to perform? I Yes	Titution Fine:
Special assessment Rest NOTE: ALL PAYMENTS TO BE MADE BY MONEY o you have community service work to perform? U Yes	Did you fail to respond to phone recorder instructions?
Special assessment Rest NOTE: ALL PAYMENTS TO BE MADE BY MONEY o you have community service work to perform? U Yes	Titution Fine:
Special assessment Rest NOTE: ALL PAYMENTS TO BE MADE BY MONEY o you have community service work to perform? Ures DNo umber of hours completed this month: umber of hours missed:	Titution Fine:
Special assessment Rest NOTE: ALL PAYMENTS TO BE MADE BY MONEY o you have community service work to perform? Ures DNo umber of hours completed this month: umber of hours missed:	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 12 No
Special assessment Rest NOTE: ALL PAYMENTS TO BE MADE BY MONEY o you have community service work to perform? The Payments Payme	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 Ya No If yes, why?
Special assessment Rest NOTE: ALL PAYMENTS TO BE MADE BY MONEY o you have community service work to perform? Yes No umber of hours completed this month: umber of hours missed: alance of hours remaining: ARNING: ANY FALSE STATEMENTS MAY RESULT IN EVOCATION OF PROBATION, SUPERVISED RELEASE OR	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 12 No
Special assessment Rest NOTE: ALL PAYMENTS TO BE MADE BY MONEY o you have community service work to perform? I Yes No umber of hours completed this month: umber of hours missed: alance of hours remaining: ARNING: ANY FALSE STATEMENTS MAY RESULT IN EVOCATION OF PROBATION, SUPERVISED RELEASE OR AROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A	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 Ya No If yes, why?
Special assessment Rest NOTE: ALL PAYMENTS TO BE MADE BY MONEY o you have community service work to perform? Ures No umber of hours completed this month: umber of hours missed: alance of hours remaining: ARNING: ANY FALSE STATEMENTS MAY RESULT IN EVOCATION OF PROBATION, SUPERVISED RELEASE OR AROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A 150,000 FINE OR BOTH.	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 Pool No If yes, why?
Special assessment Rest NOTE: ALL PAYMENTS TO BE MADE BY MONEY O you have community service work to perform? O Yes No umber of hours completed this month: umber of hours missed: alance of hours remaining: ARNING: ANY FALSE STATEMENTS MAY RESULT IN EVOCATION OF PROBATION, SUPERVISED RELEASE OR AROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A	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 Ya No If yes, why?
Special assessment Rest NOTE: ALL PAYMENTS TO BE MADE BY MONEY o you have community service work to perform? Uyes No umber of hours completed this month: umber of hours missed: alance of hours remaining: ARNING: ANY FALSE STATEMENTS MAY RESULT IN EVOCATION OF PROBATION, SUPERVISED RELEASE OR AROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A 250,000 FINE OR BOTH. (18 U.S.C. § 1001)	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 Pool No If yes, why?
Special assessment Rest NOTE: ALL PAYMENTS TO BE MADE BY MONEY o you have community service work to perform? Uyes No umber of hours completed this month: umber of hours missed: alance of hours remaining: ARNING: ANY FALSE STATEMENTS MAY RESULT IN EVOCATION OF PROBATION, SUPERVISED RELEASE OR AROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A 250,000 FINE OR BOTH. (18 U.S.C. § 1001)	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 12 No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE The instruction is the complete and complete and correct.
Special assessment Rest NOTE: ALL PAYMENTS TO BE MADE BY MONEY O you have community service work to perform? O Yes No umber of hours completed this month: umber of hours missed: alance of hours remaining: ARNING: ANY FALSE STATEMENTS MAY RESULT IN EVOCATION OF PROBATION, SUPERVISED RELEASE OR AROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A 250,000 FINE OR BOTH. (18 U.S.C. § 1001)	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 12 No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE The instruction is the complete and complete and correct.
Special assessment Rest NOTE: ALL PAYMENTS TO BE MADE BY MONEY o you have community service work to perform? Uyes No umber of hours completed this month: umber of hours missed: alance of hours remaining: ARNING: ANY FALSE STATEMENTS MAY RESULT IN EVOCATION OF PROBATION, SUPERVISED RELEASE OR AROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A 250,000 FINE OR BOTH. (18 U.S.C. § 1001)	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? If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED: Mail OC
Special assessment Rest NOTE: ALL PAYMENTS TO BE MADE BY MONEY o you have community service work to perform? Uyes No umber of hours completed this month: umber of hours missed: alance of hours remaining: ARNING: ANY FALSE STATEMENTS MAY RESULT IN EVOCATION OF PROBATION, SUPERVISED RELEASE OR AROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A 250,000 FINE OR BOTH. (18 U.S.C. § 1001)	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 12 No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED:
Special assessment Rest NOTE: ALL PAYMENTS TO BE MADE BY MONEY o you have community service work to perform? I Yes No umber of hours completed this month: umber of hours missed: alance of hours remaining: ARNING: ANY FALSE STATEMENTS MAY RESULT IN EVOCATION OF PROBATION, SUPERVISED RELEASE OR AROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A 250,000 FINE OR BOTH. (18 U.S.C. § 1001)	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 2 No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE Mail OC HC CC
Special assessment Rest NOTE: ALL PAYMENTS TO BE MADE BY MONEY o you have community service work to perform? I Yes No umber of hours completed this month: umber of hours missed: alance of hours remaining: ARNING: ANY FALSE STATEMENTS MAY RESULT IN EVOCATION OF PROBATION, SUPERVISED RELEASE OR AROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A 250,000 FINE OR BOTH. (18 U.S.C. § 1001)	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? If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED: Mail OC
Special assessment Rest NOTE: ALL PAYMENTS TO BE MADE BY MONEY o you have community service work to perform? I Yes No number of hours completed this month: number of hours missed: alance of hours remaining: ARNING: ANY FALSE STATEMENTS MAY RESULT IN EVOCATION OF PROBATION, SUPERVISED RELEASE OR AROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A 250,000 FINE OR BOTH. (18 U.S.C. § 1001)	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 2 No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE Mail OC HC CC
Special assessment: Rest NOTE: ALL PAYMENTS TO BE MADE BY MONEY To you have community service work to perform? Yes No Notember of hours completed this month: Number of hours missed: All payments month: Number of hours remaining: NARNING: ANY FALSE STATEMENTS MAY RESULT IN EVOCATION OF PROBATION, SUPERVISED RELEASE OR AROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A 250,000 FINE OR BOTH. (18 U.S.C. § 1001)	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 2 No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE Mail OC HC CC
Special assessment Rest NOTE: ALL PAYMENTS TO BE MADE BY MONEY To you have community service work to perform? Yes No Sumber of hours completed this month: Sumber of hours missed: ARNING: ANY FALSE STATEMENTS MAY RESULT IN EVOCATION OF PROBATION, SUPERVISED RELEASE OR AROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A 250,000 FINE OR BOTH.	Titution Fine: ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. 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? I Yes 12 No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED: MailOC HC CC RETURN TO:
Special assessment Rest NOTE: ALL PAYMENTS TO BE MADE BY MONEY o you have community service work to perform? I Yes No number of hours completed this month: number of hours missed: alance of hours remaining: ARNING: ANY FALSE STATEMENTS MAY RESULT IN EVOCATION OF PROBATION, SUPERVISED RELEASE OR AROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A 250,000 FINE OR BOTH. (18 U.S.C. § 1001)	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? If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED: Mail OC HC RETURN TO: U.S. PROBATION OFFICE
Special assessment: Rest NOTE: ALL PAYMENTS TO BE MADE BY MONEY To you have community service work to perform? Yes No Notember of hours completed this month: Number of hours missed: All payments month: Number of hours remaining: NARNING: ANY FALSE STATEMENTS MAY RESULT IN EVOCATION OF PROBATION, SUPERVISED RELEASE OR AROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A 250,000 FINE OR BOTH. (18 U.S.C. § 1001)	Titution Fine: ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. 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? I Yes 12 No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED: Mail OC HC CC RETURN TO:

REDACTED



MONTHLY SUPERVISION REPORT FOR THE MONTH OF

Name: 1	Court Name (If different): RECEIVED
Phillip GARVIDO	NOV1 4 1994
	attach copy of lease/purchase agreement)
Street Address. Apl. Number:	Paner PhonU. S. FKOuntin M. Alif.
City. State, Zip Code:	Persons Living with you:
'1	7 St 1:C
Complex/Subdivision: n or Rent?	Did you move during the month? □ Yes □ No
Monthly amount of rent/mortgage	
Malling Address (if different):	If yes, date moved: Reason for Movin
, PART B: EMPLOYMENT (If unemploy	yed, 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 PNo
,	How many days of work did you miss? Why?
·	ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH
	Position Held: Gross Income: Normal Work Hours:
	Delivere
Did you change jobs? Yes No If changed jobs or terminated, were you terminated? Yes	
PART C: VEHIOLES (List all v	rehicles owned or driven by you)
1. Year/make/model: Cotor.	Tan Niamber / Owner.
Ide Volar In then	Mascy
2. Yeartmake/model: Cotor: Cotor:	Tan Kumber Owner A
PARTA: MONTHLY F	TINANCIAL 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
Do you have a checking account? ☐ Yes ₽ No ☐ Individual ☐ Joint Balance:	
⊡ Individual □ Joint Balance:	☐ Individual - ☐ Joint Balance:
☐ Individual ☐ Joint Balance: Bank Name: Account Number: List all purchases of individual goods or services for which you paid \$500 or more	☐ Individual ☐ Joint Balance: Bank Name: Account Number:
☐ Individual ☐ Joint Balance: Bank Name: Account Number:	☐ Individual ☐ Joint Balance: Bank Name: Account Number:

PART E: COMPLIANCE WITH CONDITION	S OF SUPERVISION DURING THE PAST MONTH
Were you questioned by any law enforcement officers?	Were you arrested or named as a defendant in any criminal case?
☐ Yes ☐ No	If yes, when & where?
Agency:	Charges:
Reason:	Disposition: 4
	ceipt, charges, disposition, etc.)
	Was anyone in your nousehold arrested or questioned by jaw-enforcement?
☐ Yes ☐ No	Yes I No
If yes, date:	If yes, whom?
Court:	Reason:
Disposition:	Disposition: _f
Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?
□ Yes □ No	□ Yes □ No
If yes, whom?	If yes, why?
Did you possess or use any illegal drugs?	Did you travel outside the district without permission?
☐ Yes ☑ No	□ Yes B No .
If yes, type of drughter than the state of t	If yes, when and where?
if yes, type or,urug.	n yes, wilen and where t
Do you have a special assessment, restitution or fine?	le—If yes, amount paid during the month:
Special assessment: Restitu	tion Fine:
NOTE: ALL PAYMENTS TO BE MADE BY MONEY O	RDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
Do you have community service work to perform?	Dolyou have drug, alcohol or mental health aftercare?
☐ Yes ☐ No	
Number of hours completed this month:	ir yes, did you miss any sessions during this month?
Number of hours missed:	
Number of hours missed: Balance of hours remaining:	Did you fail to respond to phone recorder instructions?
Balance of nours ternaming.	
	If yes, why?
WARNING: ANY FALSE STATEMENTS MAY RESULT IN	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
REVOCATION OF PROBATION, SUPERVISED RELEASE OR PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A	AND CORRECT.
\$250,000 FINE OR BOTH.	It I'l MOLLE () 11-11-911
(18 U.S.C. § 1001)	SIGNATURE
REMARKS:	RECEIVED:
nemana,	
	MailOC
	HC HC HOSE CALLE
	RETURN TO:
•	
	Senior U. S. Probation Officer
•	1330 Broadway, Suite 400
•	Oakland, CA 94612-2504
and the second second	
(./
U.S. Probation Officer Date	

U.S. PROBA MONTHLY SUPERVISION REPORT FOR TH	TION OFFICE	1 and	Dec	19 95
Name: Al 10. 4	Court Name (if different):			
Milly Davido.	Sam	v		<u> </u>
U PART A: RESIDENCE (If new address,	attach copy of lease/p	urchase agr	reement)	
Street/Address Ant. Number:	Home Phorm	Sonar Di	MODA!	Other Phone:
Cité. State. Zio Code:	Persons Living with you:		á	_
2.	Unu you mave auring the	10m, //	ancy	In fe
Complex/Subdivision: Own or Rent?	יים you move suring the	month? 🗆 Y	es Lofno	0
Monthly amount of rent/mortgage	If yes, date moved:		•	
Mailing Address (if different):	. Jes, date moved,			Reason for Moving:
	<u> </u>			
PART B: EMPLOYMENT (If unemploy		 _	Pair D)	
Name. Address, Phone No. of Employer:	Name of Immediate super	rvisor;	ls your en	tployer aware of your tatus? Yes D No
	ŧ			
	anow many days of work of	ild you miss?		Why?
	ATTACH ALL PAY	STUBS/V	OUCHERS	FOR THIS MONTH
	Position Held:	Gross Incom		ormal Work Hours:
$f = \frac{1}{F_{ij}^{(k)}}$	Deliveren	1		
Did you change jobs? Yes . Wo If changed jobs or terminated,		· · · · · · · · · · · · · · · · · · ·		
Were you terminated? ☐ Yes (state when and why:		· · · · · · · · · · · · · · · · · · ·		
PART C: VEHICLES (List all ve	Tag Number:	Owner:		
Al to a land Manager	1 ten sentiber	CM		
2 Year/make/model: Color:	jas Burna	//a	ney	····
VI 12- 4700 / 200 91.11.1		47	-0	
or you see the work was	ALANOIAL GTATELEN	- ' /	ano.	1
PATT D: MONTHLY FI	NANGIAL STATEMEN		· <i>0</i>	
Net income From Employment	Past Due Debts:			Amount Past Due:
(Attach proof of earnings)				
Other Income:				
TOTAL MONTHLY INCOME				
TOTAL MONTHLY EXPENSES				
Do you have a checking account?	Do you have a savings acc	count? 🛚 Ye	א עם s	
□ Individual □ Joint Balance:	☐ Individual 1	☐ Joint	Balan	ce:
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	<u> </u>	Descr	ption of Ite	em .
: <i>X</i>				

	IS OF SUPERVISION DURING THE PAST MONTH
Were you questioned by any law enforcement officers?	Were you arrested or named as a defendant in any criminal case?
If yes, date:	If yes, when & where?
•	
Agency:	Charges:
Reason:	Disposition:
(Attach copy of citation, re Were any pending charges disposed of during the month?	weelpt, charges, disposition, etc.) Was anyone in your household arrested or questioned by law enforcement?
☐ Yes ☐ No	☐ Yes ☐ No
If yes, date:	If yes, whom?
Court:	Reason:
	<u> </u>
Disposition:	Disposition:
Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?
□ Yes - √No	☐ Yes ☐ Mo
If yes, whom?	If yes, why?
Did you possess or use any illegal drugs?	Did you travel outside the district without permission?
□ Yes □ NA	☐ Yes ①─No
If yes, type of drug:	If yes, when and where?
	Prine:
· /	PROBER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
Do you have community service work to perform?	Do you have drug, alcohol or mental health aftercare?
☐ Yes ☐/No	
Number of hours completed this month:	If yes, did you miss any sessions during this month?
Number of hours missed:	
Adminer of nodes missed.	Did you fall to respond to phone recorder instructions?
Balance of hours remaining:	Yes Q/No
·	If yes, why?
1	
WARNING: ANY FALSE STATEMENTS MAY RESULT IN	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
REVOCATION OF PROBATION, SUPERVISED RELEASE OR PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A	AND CORRECT.
\$250,000 FINE OR BOTH.	10Vil Vinis 11 m m
(18 U.S.C. § 1001)	SIGNATURE DATE
	RECEIVED:
REMARKS:	THOSE YEAR
•	MailOC
	нссс
	HCCC
_	RETURN TO:
• •	
	TI C. DI OR ABION OFFICE
	U.S. PROBATION OFFICE
b.	1301 CLAY STREET, ROOM 220-S OAKLAND, CA 94612
	1

(Rav. 6/91), (6) and (7)(C)	REDACTED
MONTHLY SUPERVISION REPORT FOR	ATION OFFICE /
Name: Shelly Javile	Court Name (if different):
Street Adoless, Apt. Number. PART A: RESIDENCE (If new address	s, attach copy of leaselpurchase agreement) Home Phone: Pener Phone: Other Phone:
	nume Prone: Paner Phone: Other Phone:
City State Zin Codd	- Ware A
Complexisubdivision: Own or Hent? Monthly amount of rent/mortgage	7) by you move during the month? Yes No
Mailing Address (Il different):	if yes, date moved: Reason for Moving:
, PART B: EMPLOYMENT (If unempi	loyed, list source of support under Part D)
NAme Addless, Phone No. of Elaplover M.a	Name of immediate supervisor: Is your employer aware of your criminal status? ☐ Yes II No
<u> </u>	How many days of work did you mes? Why?
	ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH Position Held: Gross Income: Morroet Work Hours:
Did you change jobs? Yes IN If changed jobs or terminated were you terminated? Yes No state when and why:	**************************************
	Vehicles owned or driven by you) Tar Number Owner:
1. Year/make/model: Color: Col	Tari Number Dwner Dwner Dwner
Col Dody Vr. Ponding	FIR
Net Income From Employment	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 rr	•
. Date Amount Method of Payme	Description of Item

PART F. COMPINANCE WITH CONDITIONS	OF SUPERVISION DURING THE PAST MONTH
Were you questioned by any law enforcement officers?	Were you arrested or named as a defendant in any criminal case?
☐ Yes V No	□ Yes No
If yes, date:	If yes, when & where?
Agency:	Charges:
Reason:	Disposition:
Were any pending charges disposed of during the month?	was enyone in your household arrested or questioned by law enforcement?
☐ Yes √ No	☐ Yes D'No¹
If yes, date:	If yes, whom?
ii yos, date.	
Court:	Reason:
Disposition:	Disposition:
Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?
☐ Yes O No	☐ Yes ☐/No
If yes, whom?	If yes, why?
Did you possess or use any illegal drugs?	Did you travel outside the district without permission?
Yes Ty No	
If yes, type of drug:	If yes, when and where?
/	
Do you have a special assessment, restitution or fine?	-If yes, amount paid during the month:
Special assessment: Restituti	on
	». 1/
	DED (DOOTE) OF BANK) OF BACKETING OFFICE ON V.
NOTE: ALL PAYMENTS TO BE MADE BY MONEY OR	DER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
NOTE: ALL PAYMENTS TO BE MADE BY MONEY OR Do you have community service work to perform?	Der (Postal Or Bank) Or Cashier's Check Only.
NOTE: ALL PAYMENTS TO BE MADE BY MONEY OR	Do you have drug, albohol or mental health aftercare/
NOTE: ALL PAYMENTS TO BE MADE BY MONEY OR Do you have community service work to perform?	
NOTE: ALL PAYMENTS TO BE MADE BY MONEY OR Do you have community service work to perform? Yes No Number of hours completed this month:	Do you have drug, albohol or mental health aftercare/
NOTE: ALL PAYMENTS TO BE MADE BY MONEY OR Do you have community service work to perform? Yes No Number of hours completed this month: Number of hours missed:	Do you have drug, alcohol or mestal health aftercare? If yes, did you miss any sessions during this month? Did you fall to respond to phone recorder instructions?
NOTE: ALL PAYMENTS TO BE MADE BY MONEY OR Do you have community service work to perform? Yes No Number of hours completed this month:	Do you have drug, albohol or mestal health aftercare. If yes, did you miss any sessions during this month?
NOTE: ALL PAYMENTS TO BE MADE BY MONEY OR Do you have community service work to perform? Yes No Number of hours completed this month: Number of hours missed:	Do you have drug, alcohol or mestal health aftercare? If yes, did you miss any sessions during this month? Did you fall to respond to phone recorder instructions?
NOTE: ALL PAYMENTS TO BE MADE BY MONEY OR 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 mestal health aftercare. If yes, did you miss any sessions during this month? Did you fall to respond to phone recorder instructions? ☐ Yes ☐ No
NOTE: ALL PAYMENTS TO BE MADE BY MONEY OR 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 REYOCATION OF PROBATION, SUPERVISED RELEASE OR	Do you have drug, alcohol or mestal health aftercare. If yes, did you miss any sessions during this month? Did you fall to respond to phone recorder instructions? I Yes I No
NOTE: ALL PAYMENTS TO BE MADE BY MONEY OR 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	Do you have drug, alcohol or mestal health aftercare. If yes, did you miss any sessions during this month? Did you fall to respond to phone recorder instructions? Yes No If yes, why?
NOTE: ALL PAYMENTS TO BE MADE BY MONEY OR 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.	Do you have drug, alcohol or mestal health aftercare? If yes, did you miss any sessions during this month? Did you fall to respond to phone recorder instructions? Yes No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND COMPRECT.
NOTE: ALL PAYMENTS TO BE MADE BY MONEY OR 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	Do you have drug, alcohol or mestal health aftercare. If yes, did you miss any sessions during this month? Did you fall to respond to phone recorder instructions? Yes No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CONRECT.
NOTE: ALL PAYMENTS TO BE MADE BY MONEY OR 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.	Do you have drug, alcohol or mestal health aftercare? If yes, did you miss any sessions during this month? Did you fall to respond to phone recorder instructions? Yes No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND COMPRECT.
NOTE: ALL PAYMENTS TO BE MADE BY MONEY OR 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)	Do you have drug, alcohol or mestal health aftercare. If yes, did you miss any sessions during this month? Did you fall to respond to phone recorder instructions? Yes No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CONFRECT. SIGNATURE RECEIVED:
NOTE: ALL PAYMENTS TO BE MADE BY MONEY OR 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)	Do you have drug, alcohol or mestal health aftercare. If yes, did you miss any sessions during this month? Did you fall to respond to phone recorder instructions? Yes No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED: Mail OC
NOTE: ALL PAYMENTS TO BE MADE BY MONEY OR 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)	Do you have drug, alcohol or mestal 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? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED: Mail OC HC CC
NOTE: ALL PAYMENTS TO BE MADE BY MONEY OR 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)	Do you have drug, alcohol or mestal health aftercare. If yes, did you miss any sessions during this month? Did you fall to respond to phone recorder instructions? Yes No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED: Mail OC
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NOTE: ALL PAYMENTS TO BE MADE BY MONEY OR 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)	Do you have drug, alcohol or mestal health aftercare. If yes, did you miss any sessions during this month? Did you fall to respond to phone recorder instructions? Yes No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED: Mail OC HC CC RETURN TO:
NOTE: ALL PAYMENTS TO BE MADE BY MONEY OR 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)	Do you have drug, alcohol or mestal health aftercare. If yes, did you miss any sessions during this month? Did you fall to respond to phone recorder instructions? Yes No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CONFRECT. SIGNATURE RECEIVED: Mail OC HC CC RETURN TO:
NOTE: ALL PAYMENTS TO BE MADE BY MONEY OR 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)	Do you have drug, alcohol or mental health aftercare? If yes, did you miss any sessions during this month? Did you fall to respond to phone recorder instructions? Yes No If yes, why? I CERTIFY THAT ALL INEORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED: Mail OC HC CC RETURN TO: Senior U. S. Probation Officer 1330 Broadway, Suite 400
NOTE: ALL PAYMENTS TO BE MADE BY MONEY OR 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)	Do you have drug, alcohol or mestal health aftercare? If yes, did you miss any sessions during this month? Did you fall to respond to phone recorder instructions? Yes No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CONFRECT. SIGNATURE RECEIVED: Mail OC HC CC RETURN TO:

19908 (6) and (7)(C) U.S. PROBATION OFFICE MONTHLY SUPERVISION REPORT FOR THE MONTH OF Court Name (if different): _ RESIDENCE (If new address, attach copy of leaselpurchase agreement) PART Home Phone ther Phone: City State/Zip Code Persons Living with you: Combiguation OWN OF BEING id you move during the month? Monthly amount of rent/mortgage \$ If yes, date moved: Malling 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? ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH Gross Income: Normal Work Hours: Did you change Jobs? ☐ Yes If changed jobs or terminated, state when and why: Were you terminated? ☐ Yes PART C: VEHICLES (List all vehicles owned or driven by you) Tag Number: Past Due Debts: Amount Past Due: Net Income From Employment Attach proof of earnings) ther Income: DTAL MONTHLY INCOME TAL MONTHLY EXPENSES you have a checking account?

Yes No Do you have a savings account?

Yes individual □ Joint Balance: ☐ Individual ☐ Joint Balance: k Name: Bank Name: unt Number: Account Number il purchases of individual goods or services for which you paid \$500 or more:

Method of Payment

Date

Amount

Description of Item,

TO THE RIVERS TO

U.S. Probation Officer

PEDACTED

PART E: COMPLIANCE WIT	TH CONDITIONS OF SUPERVISION DURING THE PAST MONTH
Were you questioned by any law enforcement officers? ☐ Yes ☐ No	Were you arrested or named as a defendant in any criminal case?
If yes, date:	If yes, when & where?
Agency:	Charges:
Reason:	Disposition:
	opy of citation, receipt, charges, disposition, etc.)
Were any pending charges disposed of during the month?	Was anyone in your household arrested or questioned by law enforcement?
□ Yes to No	□ Yes □ No
If yes, date:	If yes, whom?
Court:	Reason:
1	
Disposition:	Disposition:
Till be the state of the same beat and a fact and a same a	cord? Did you possess or have access to a firearm?
Did you have any contact with anyone having a criminal rec	
U Yes UANO	□ Yes □ No
If yes, whom?	If yes, why?
it yes, whom:	1, 190, 111,
Did you possess or use any illegal drugs?	Did you travel outside the district without permission?
☐ Yes ₺ No	☐ Yes ☐ No
If yes, type of drug:	If yes, when and where?
Do you have a special assessment, restitution or fine?	☐ Yes ☐ I yo—If yes, amount paid during the month:
and the second second	Restitution Fine:
Special assessment:	nestitution
NOTE: ALL PAYMENTS TO BE MAI	DE BY MONEY ORDER (POSTAL OR BANK) OR CASHJER'S CHECK ONLY.
Do you have community service work to perform?	Do you have drug, alcohol or mental health aftercare?
□· Yes	·
· · · · · · · · · · · · · · · · · · ·	off was did you miss any specials during this month?
Number of hours completed this month:	If yee, did you mice any secretore during this menth?
Number of hours completed this month:	If yee, did you mice any secretors during this month?
· · · · · · · · · · · · · · · · · · ·	Did you fail to respond to phone recorder instructions?
Number of hours gempleted this menth: Number of hours missed:	Did you fail to respond to phone recorder instructions?
Number of hours completed this month:	Did you fail to respond to phone recorder instructions?
Number of hours gempleted this menth: Number of hours missed:	Did you fail to respond to phone recorder instructions?
Number of hours completed this month: Number of hours missed: Balance of hours remaining:	Did you fail to respond to phone recorder instructions?
Number of hours completed this month: Number of hours missed: Balance of hours remaining: WARNING: ANY FALSE STATEMENTS MAY RESULT	Did you fail to respond to phone recorder instructions? Yes No If yes, why?
Number of hours completed this month: Number of hours missed: Balance of hours remaining: WARNING: ANY FALSE STATEMENTS MAY RESULT REVOCATION OF PROBATION, SUPERVISED RELE	Did you fail to respond to phone recorder instructions? Yes
Number of hours demploted this month: Number of hours missed: Balance of hours remaining: WARNING: ANY FALSE STATEMENTS MAY RESULT REVOCATION OF PROBATION, SUPERVISED RELE PAROLE, IN ADDITION TO 5 YEARS IMPRISONMEN	Did you fail to respond to phone recorder instructions? Yes
Number of hours completed this month: Number of hours missed: Balance of hours remaining: WARNING: ANY FALSE STATEMENTS MAY RESULT REVOCATION OF PROBATION, SUPERVISED RELE PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENTS	Did you fail to respond to phone recorder instructions? Yes
Number of hours demploted this month: Number of hours missed: Balance of hours remaining: WARNING: ANY FALSE STATEMENTS MAY RESULT REVOCATION OF PROBATION, SUPERVISED RELE PAROLE, IN ADDITION TO 5 YEARS IMPRISONMEN	Did you fail to respond to phone recorder instructions? Yes
Number of hours aempleted this month: Number of hours missed: Balance of hours remaining: WARNING: ANY FALSE STATEMENTS MAY RESULT REVOCATION OF PROBATION, SUPERVISED RELE PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENTS \$250,000 FINE OR BOTH. (18 U.S.C. § 1001)	Did you fail to respond to phone recorder instructions? Yes
Number of hours completed this month: Number of hours missed: Balance of hours remaining: WARNING: ANY FALSE STATEMENTS MAY RESULT REVOCATION OF PROBATION, SUPERVISED RELE PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENTS	Did you fail to respond to phone recorder instructions? Yes
Number of hours aempleted this month: Number of hours missed: Balance of hours remaining: WARNING: ANY FALSE STATEMENTS MAY RESULT REVOCATION OF PROBATION, SUPERVISED RELE PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENTS \$250,000 FINE OR BOTH. (18 U.S.C. § 1001)	Did you fail to respond to phone recorder instructions? Yes
Number of hours aempleted this month: Number of hours missed: Balance of hours remaining: WARNING: ANY FALSE STATEMENTS MAY RESULT REVOCATION OF PROBATION, SUPERVISED RELE PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENTS \$250,000 FINE OR BOTH. (18 U.S.C. § 1001)	Did you fail to respond to phone recorder instructions? Yes
Number of hours aempleted this month: Number of hours missed: Balance of hours remaining: WARNING: ANY FALSE STATEMENTS MAY RESULT REVOCATION OF PROBATION, SUPERVISED RELE PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENTS \$250,000 FINE OR BOTH. (18 U.S.C. § 1001)	Did you fail to respond to phone recorder instructions? Yes
Number of hours aempleted this month: Number of hours missed: Balance of hours remaining: WARNING: ANY FALSE STATEMENTS MAY RESULT REVOCATION OF PROBATION, SUPERVISED RELE PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENTS \$250,000 FINE OR BOTH. (18 U.S.C. § 1001)	Did you fail to respond to phone recorder instructions? If yes, why? I CERTIFY HAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. WIT, A SIGNATURE Mail OC HC CC
Number of hours aempleted this month: Number of hours missed: Balance of hours remaining: WARNING: ANY FALSE STATEMENTS MAY RESULT REVOCATION OF PROBATION, SUPERVISED RELE PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENTS \$250,000 FINE OR BOTH. (18 U.S.C. § 1001)	Did you fail to respond to phone recorder instructions? Yes
Number of hours aempleted this month: Number of hours missed: Balance of hours remaining: WARNING: ANY FALSE STATEMENTS MAY RESULT REVOCATION OF PROBATION, SUPERVISED RELE PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENTS \$250,000 FINE OR BOTH. (18 U.S.C. § 1001)	Did you fail to respond to phone recorder instructions? Yes
Number of hours aempleted this month: Number of hours missed: Balance of hours remaining: WARNING: ANY FALSE STATEMENTS MAY RESULT REVOCATION OF PROBATION, SUPERVISED RELE PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENTS \$250,000 FINE OR BOTH. (18 U.S.C. § 1001)	Did you fail to respond to phone recorder instructions? Yes
Number of hours aempleted this month: Number of hours missed: Balance of hours remaining: WARNING: ANY FALSE STATEMENTS MAY RESULT REVOCATION OF PROBATION, SUPERVISED RELE PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENTS \$250,000 FINE OR BOTH. (18 U.S.C. § 1001)	Did you fail to respond to phone recorder instructions? Yes
Number of hours aempleted this month: Number of hours missed: Balance of hours remaining: WARNING: ANY FALSE STATEMENTS MAY RESULT REVOCATION OF PROBATION, SUPERVISED RELE PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENTS \$250,000 FINE OR BOTH. (18 U.S.C. § 1001)	Did you fail to respond to phone recorder instructions? If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. WIT, A SIGNATURE Mail OC HC RETURN TO: U.S. PROBATION OFFICE
Number of hours aempleted this month: Number of hours missed: Balance of hours remaining: WARNING: ANY FALSE STATEMENTS MAY RESULT REVOCATION OF PROBATION, SUPERVISED RELE PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENTS \$250,000 FINE OR BOTH. (18 U.S.C. § 1001)	Did you fail to respond to phone recorder instructions? Yes
Number of hours aempleted this month: Number of hours missed: Balance of hours remaining: WARNING: ANY FALSE STATEMENTS MAY RESULT REVOCATION OF PROBATION, SUPERVISED RELE PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENTS \$250,000 FINE OR BOTH. (18 U.S.C. § 1001)	Did you fail to respond to phone recorder instructions? Yes
Number of hours aempleted this month: Number of hours missed: Balance of hours remaining: WARNING: ANY FALSE STATEMENTS MAY RESULT REVOCATION OF PROBATION, SUPERVISED RELE PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENTS \$250,000 FINE OR BOTH. (18 U.S.C. § 1001)	Did you fail to respond to phone recorder instructions? If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. WIT, A SIGNATURE Mail OC HC RETURN TO: U.S. PROBATION OFFICE

PROB **5(6)** and (7)(C)

U.S. PROBATION OFFICE MOLARI



Name:	Court Name (if different):
Shelly Speride	
PART A: RESIDENCE (If new address	ss, attach copy of lease/purchase agreement)
Street Admin And The Co	Home Phone: / Dans Bhans Other Phone:
•	
	Persons Living with you:
7	reisuns Living with you.
	TO see IIIm
Complex/Subdivision: Own or Rent	Did you move during the month? Yes No
Monthly amount of rent/mortgage	·
Mailing Address (if different):	moved: Reason for Movi
Dane allton	
	ployed, list source of support under Part D)
Name, Address, Friche No. of Exployer	Name of immediate supervisor // Is your employer aware of your
	criminal status? ☐ Yes 1 No
	How many days of work dld you migs? Why?
· · · · · · · · · · · · · · · · · · ·	
	ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONT
· ·	Position Held: Normal Work Hours:
	DAYS
Did you change jobs? D Yes D No If changed jobs or terminate	
Were you terminated? ☐ Yes 🔁 No state when and why:	()
PART C: VEHICLES (List a	Il yehicles owned or driven by you)
1. Year/make/model: Color:	· Tag Number Cowner
15543-0881 Tono Contellor	1 ang orang
2. Yearlmakelmodel: Color.	Tan Number Owner:
VIII AT DAY ON CARDY	man war
	The factor
PART D: MONTHLY	FINANCIAL STATEMENT
Net Income From Employment	FINANCIAL STATEMENT Past Due Debts: Amount Past Due:
PART D: MONTHLY Net Income From Employment (Attach proof of earnings)	
Net Income From Employment (Attach proof of earnings)	
Net Income From Employment (Attach proof of earnings) Other Income:	
Net Income From Employment	
Net Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME	
Net Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME	
Net Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES	
Net Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? Yes No	Past Due Debts: Amount Past Due: Do you have a savings account? Yes DNo
Net Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES	Past Due Debts: Amount Past Due:
Net Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? Yes No	Past Due Debts: Amount Past Due: Do you have a savings account?
Net Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? Individual Joint Balance: Bank Name:	Past Due Debts: Do you have a savings account? Yes No Balance: Bank Name:
Net Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? Individual Joint Balance: Bank Name:	Past Due Debts: Amount Past Due: Do you have a savings account? Yes Diffo Individual Joint Balance:
Net Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? Yes No	Past Due Debts: Do you have a savings account? Yes No Individual Joint Balance: Bank Name: Account Number:
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: Do you have a savings account? Yes Do lindividual Joint Balance: Account Number:
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: Do you have a savings account? Yes Do lindividual Joint Balance: Account Number:
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: Do you have a savings account? Yes No Individual Joint Balance: Account Number:

	NS OF SUPERVISION DURING THE PAST MONTH
Were you questioned by any law enforcement officers?	Were you arrested or named as a defendant in any criminal case?
☐ Yes D 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?	Was anyone in your household arrested or questioned by law enforcement?
☐ Yes Di∕No	□.Yes □1Na
If yes, date:	if yes, whom?
Court:	Reason:
Disposition:	Disposition:
Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearin?
□ Yes D No	☐ Yes ☐ No
f-	
If yes, whom?	If yes, why?
Did you possess or use any illegal drugs?	Did you travel outside the district without permission?
☐ Yes ☐ No	□ Yes D NO
If yes, type of drug:	If yes, when and where?
Do you have community service work to perform?	Do you have drug, alcohol or mental health aftercare?
□ Yes □ No	
Number of hours completed this month:	If yos, did you miss any sessions during this month?
Number of hours missed:	Did you fait to respond to phone recorder instructions?
Balance of hours remaining:	Yes Vo No
	If yes, why?
WARNING: ANY FALSE STATEMENTS MAY RESULT IN	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
REVOCATION OF PROBATION, SUPERVISED RELEASE OR PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A	AND COBRECT.
\$250,000 FINE OR BOTH.	Ohitte Photos
(18 U.S.C. § 1001)	1/10/95
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Jest meistan Office	1301 CLAY STREET, ROOM 220-S
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ols fluired notect nothern dist. Calif.	1301 CLAY STREET, ROOM 220-S

U.S. PROBATION OFFICE MONTHLY SUPERVISION REPORT FOR THE MONTH OF



Name:	Court Name (If different):
Muly garrele	Same
PART A RESIDENCE (If new address	, attach copy of lease/purchase agreement)
Street Address. Ant Number	Home Phone: Pager Phone: Other Phone:
\	-
City, State, 7to Caller	Decreone Living with you:
	Mrm Moraca -Welga
Complex/Subdivision:	Did you move during the month? I fee to No
Monthly amount of rent/mortgage	
Malling Address (if different):	If yes, date moved: Reason for Moving:
spra	
PART B: EMPLOYMENT (If unemplo	oyed, list source of support under Part D)
Name, Address, Phone No. of Employer A. L. 1/51 Marin	Name of immediate sunervisor: Is your employer aware of your
	criminal status? Yes No
,	How many days of work did fou miss? Why?
	ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH Position Held: Gross Income: Normal Work Hours:
	Debetree
Did you change jobs? [] Yes [2] No [If changed jobs or terminated,	
Did you change jobs?	
PART C: VEHICLES (List all	vehicles owned or driven by you)
1. Year/make/model: Color:	Tad Number: Owner:
81 Dodge Van Jelle	Manay Joris
2. Year/make/model: Coltr.	CTon Mumhar Owner.
8 Jad Cocord Myllin	Menox Land
PART D: MONTHLY I	FINANCIÁL STATEMENT
Net Income From Employment	Past Due Debts: Amount Past Due:
(Attach proof of earnings)	
Other Income:	
TOTAL MONTHLY INCOME	1 None
TOTAL MONTHLI INCOME	11.
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 mo	ore:
Date Amount Method of Payme	
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U.S. Probation Officer

PART E: COMPLIANCE WITH CONDITIONS O	OF SUPERVISION DURING THE PAST MONTH
Were you questioned by any law enforcement officers?	Were you arrested or named as a defendant in any criminal case?
If yes, date:	☐ Yes 邶No
Agency:	Charges:
Reason:	Disposition:
(Attach copy of citation, recei	pt, charges, disposition, etc.) Was anyone in your houselfold arrested or questioned by law enforcement?
 Were any penging grigges dispended of the management in the manag	(1) Yes (2) No
. If you date:	If yes, whom?
If yes, date:	
Court:	Reason:
Disposition:	Disposition:
Did you have any contact with anyone having a cominal record?	Did you possess or have access to a firearm?
☐ Yes SJ MG	: U res el No
If yes, whom?	If yes, why?
Did you possess or use any illegal drugs?	Did you travel outside the district without permission?
☐ Yes D No	☐ Yes ☑ No
If yes, type of drug:	If yes, when and where?
Do you have a special assessment, restitution or fine?	-If yes, amount paid during the month:
Special assessment: Restitutio	nFine:
NOTE: ALL PAYMENTS TO BE MADE BY MONEY ORD	ER (POSTAL OR BANK) OR CASHER'S CHECK ONLY.
 Do you have community service work to perform?	Do you have drug, alcohol or mental health aftercare?
Yes UNO	bo you have dray, account of many health at global y
Number of hours completed this month:	If yes, did you miss any sessions during this month?
	n you, and you mad any delights all mig your
Number of hours missed:	Did you fail to respond to phone recorder instructions?
Balance of hours remaining:	☐ Yes 전 No
	If yes, why?
WARNING: ANY FALSE STATEMENTS MAY RESULT IN	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
REVOCATION OF PROBATION, SUPERVISED RELEASE OR	AND CORRECT.
PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A \$250,000 FINE OR BOTH.	1 Pt. 10 - 97
(18 U.S.C. § 1001)	SIGNATURE DATE
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WO THE THE PARTY OF THE PARTY O	OAKLAND, CA 94612
CAUR CAUR	a.
<u>, </u>) · · · · · · · · · · · · · · · · · · ·

PROB 8 (Rev. 6/91)

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U.S. PROBATION OFFICE MONTHLY SUPERVISION REPORT FOR THE MONTH OF

MONTHLY SUPERVISION REPORT FOR THE MONTH OF Court Name (if different): RESIDENCE (If new address, attach copy of lease/purchase agreement)-Street Address Ant Number Home Phone: Other Phone: City, State, Zio Code: Perenne I'tying with you: Complex/Subdivision: Own or Rent? Did you move during the montil? Monthly amount of rent/mortgage \$ es, date moved: Malling 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? ATTACH ALL PAY STUBS/VOUCHERS FOR THIS HONTH Position Held: Gross Income: Normal Work Hours: If changed jobs or terminated, B-10 Did you change jobs? state when and why: Were you terminated?

☐ Yes E-No PART C: VEHICLES (List all vehicles owned or driven by you) Tag Number: NNNING N AWCC Vellot inde trapetoci For MONTHLY FINANCIAL DIALLY Past Due Debts: Amount Past Due: Net Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account?

Yes No Do you have a savings account? D Yes □ Joint ☐ Individual 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: Method of Payment Description of Item Amount

PART E: COMPLIANCE WITH CONDITI	ONS OF SUPERVISION DURING THE PAST MONTH
Were you questioned by any law enforcement officers?	Were you arrested or named as a defendant in any criminal case?
☐ Yes ☐ No	If yes, when & where?
Agency:	Charges:
Reason:	Disposition:
Were any pending charges disposed of during the month?	n, receipt, charges, disposition, etc.) Was soyone in your household arrested or questioned by law enforcement?
☐ Yes ☐ No	
La 165 La 140	☐ Yes ☐—No
If yes, date:	If yes, whom?
Court:	Reason:
Disposition:	Disposition:
Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?
☐ Yes ☐ No	☐ Yes ☐ No
If yes, whore?	If yes, why?
Did you possess or use any illegal drugs?	Did you travel outside the district without permission?
☐ Yes ☐ No	☐ Yes ☐ Ne
If yes, type of drug:	If yes, when and where?
il yes, typo or ordy.	in just, which did where.
Do you have a special assessment, restitution or line?	☐ No —If yes, amount paid during the month:
Do you have a special assessment, restitution of time? 1 1es E	1-110-it yes, amount paid during the month:
Special assessment: ** Res	stitution Fine:
NOTE: ALL PAYMENTS TO BE MADE BY MONE	Y ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
Do you have community service work to perform2	Do you have drug, alcohol or mental health aftercare?
☐ Yes E No	po you have study, accords of the first fleath angicale?
Number of hours completed this month:	If yes, did you miss any sessions during thi≥ month?
Number of nours completed this month.	The year old year mass any seasons duffin this worlding
Number of hours missed:	
	Did you fail to respond to phone recorder instructions?
Balance of hours remaining:	. □ Yes □ -No
	If yes, why?
WARNING: ANY FALSE STATEMENTS MAY RESULT IN	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
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U. S. PROUATION OFFICE NORTHERN DIST. CAUSE	
NORTHERN DIST. CALIF. OAK!AND	Senior U. S. Probation Officer
OAKLAND CALLE.	
	1330 Broadway, Suite 400
,	Oakland, CA 94612-2504
)

U.S. Probation Officer

PROB 8 (Rev. 6/91) p(6) and (7)(C)

	- 1
Name: Walker Wom III	Court Name (if different)
RART A: RESIDENCE (If new address	attach copy of lease/purchase agreement)
Street Address Control	Home Phone: A Pager Phone: Other Phone:
ipinistant L "	INCOMENTED STORM WITH YOUR
complex/Subdivision: \ Own or Rent?	JMT UMC
	you move during the month? □ Yes' T No
Monthly amount of rent/mortgage Mailing Address (if different):	If yes, date moved: Reason for Moving
	yed, 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 11 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	
	rehicles owned or driven by you)
1. Yearfmake/glodel: Color: (Color: Marker)	ian Number:
2 Yearmakemodel Solor	Tag Number
PART D: MONTHLY F	INANCIAL STATEMENT
PAHI D: MONTHLY F	
Net Income From Employment (Attach proof of earnings)	Past Due Debts: Amount Past Due:
Other income:	
TOTAL MONTHLY INCOME	
TOTAL MONTHLY EXPENSES V	
Do you have a checking account? Yes No	Do you have a savings account? 🖾 Yes 🖂 Na
□ 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 mo-	re:
Date . Amount Method of Paymer	<u>Description of Item</u>

U.S. Protetion Officer

PART E: COMPLIANCE WITH CONDITION	NS OF SUPERVISION DURING THE PAST MONTH
Were you questioned by any law enforcement officers? ☐ Yes ty No	Were you arrested or named as a defendant in any etiminal case?
If yes, date:	If yes, when & where?
Agency:	Charges:
Reason:	Disposition:
(Attach copy of citation, r	receipt, charges, disposition, etc.)
Were any pending charges disposed of during the month?	Was anyone in your household arrested or questioned by law enforcement?
☐ Yes ☐-No	□ Yes □ No
If yes, date:	If yes, whom?
	•
Court:	Reason:
Disposition:	Disposition:
Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?
☐ Yes □ D No	☐ Yes Q No -
If yes, whom?	If yes, why?
Did you possess or use any illegal drugs?	Did you travel outside the district without permission?
□ Yes □ No	☐ Yes II No
If yes, type of drug:	If yes, when and where?
. , , , , , , , , , , , , , , , , , , ,	
Do you have a special assessment, restitution or fine?	NoIf yes, amount paid during the month:
Special assessment: Restit	utionFine:
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?	Do you have drug, alcohol or mental health aftercare?
☐ Yes M 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?
Balance of hours remaining:	Yes 🗘 No
	· ·
	If yes, why?
WARNING: ANY FALSE STATEMENTS MAY RESULT IN	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
REVOCATION OF PROBATION, SUPERVISED RELEASE OR	AND CORRECT
PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A	
\$250,000 FINE OR BOTH. (18 U.S.C. § 1001)	The the
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1	MONTHLY SUPERVISION REPORT FOR TH	HON OFFICE / Y //
•	Hally agust	Court Name (If different):
	PART A: RESIDENCE (If new address,	Attach copy of leaselpurchase agreement) Home Phone: Pager Phone: Other Phone:
	Nova Wassers	
	Cità Bata '7h rever , "	O.ACH
	Complex/Subdivision: Own or Rent?	I now those during the month? Yes 15 No
	Monthly amount of rent/mortgage Mailing Address (if different):	rr yes, date moved: Reason for Moving:
	PART B: EMPLOYMENT (If unemploy	red, list source of support under Part D)
,	Narge Address, Phone No of Employer	Name of immediate supervisor: Is your employer aware of your
	Sloom June Mundy	criminal status? ☐ Yes ☐ No
	Less to the think	How many days of work did fou miss? Why?
		ATTACH ALL PAY STUBS/VOUCHERS FOR THIS MONTH Position Held: Gross Income: Formal Work Hours:
	Did you change jobs? Yes No If changed jobs or terminated, Were you terminated? Yes	the same of the sa
	PART C: VEHICLES (List all ve	
	1. Year/make/modet Coloff	TRO-Number Owings
	2 Yakurimakaramodat: Cglor:	Owner (M. (Marin)
	PART D: MONTHI Y FI	NANCIAL 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 10 No	Do you have a savings account? Yes I 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

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PART E: COMPLIANCE WITH CONDITION	IS OF SUPERVISION DURING THE PAST MONTH
Were you guestioned by any law enforcement officers?	Were you arrested or named as a defendant in any criminal case?
☐ Yes ☐ No	If yes, when & where?
Agency:	Charges:
Reason:	Disposition:
Were any pending charges disposed of during the month?	Was anyone in your household arrested or questioned by law enforcement?
☐ Yes ☐ No	ves anyone in your household arrested or questioned by law enforcement?
if yes date:	• •
If yes, date:	If yes, whom?
Court:	Reason:
Disposition:	Disposition:
Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm? ☐ Yes ☐ No
If yes, whom?	If yes, why?
Did you possess or use any illegal drugs?	Did you travel outside the district without perhission?
☐ Yes ☐ No	Use you travel outside the district without perhission? ☐ Yes 12 No
If yes, type of drug:	If yes, when and where?
/	, in jos, whom and wholes
Do you have a special assessment, restitution or fine? Yes N	lo—If yes, amount paid during the month:
•	
	tionFine;
NOTE: ALL PAYMENTS TO BE MADE BY MONEY OF	RDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
Do you have community service work to perform? ☐ Yes ### Vivo ####################################	Do you have drug, alcohol or mental health aftercare?
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?
Balance of hours remaining:	Yes 1 No
	If yes, why?
WARNING ANY FALSE STATEMENTS MAY RESULT IN	
REVOCATION OF PROBATION, SUPERVISED RELEASE OR	CERTIFY THAT ALL THEOMMATION FURNISHED IS COMPLETE AND CORRECT.
PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A \$250,000 FINE OR BOTH.	10) 11 0 66
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	U.S. PROBATION OFFICE
n h c	1301 CLAY STREET, ROOM 220-S
116	OAKLAND, CA 94612
	, OA 77010
U.S. Probation Officer Date	1 + 1 + 1 = 1

b(6) and (7)(C) U.S. PROBATION OFFICE EDACTED MONTHLY SUPERVISION REPORT FOR THE MONTH OF Use Name: Court Name (if different): Dome PART A: RESIDENCE (If new address, attach copy of leaselpurchase agreement) Street Address And All Home Phone Other Phone: City, State. Zin Persons Living with you: complex/Subdivision: or Rent? Did you move during the month?

Yes If yes, date moved: 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 How many days of work did you miss? Normal Work Hours: Gross Income: If changed jobs or terminated, state when and why: Did you change jobs?

Yes ☐ No Were you terminated?

Yes □ No PART C: VEHICLES (List all vehicles owned or driven by you) Tag Number: PART D: MONTHLY FINANCIAL STATEMILIA Past Due Debts: RECEIVED Amount Past Due: Net income From Employment (Attach proof of earnings) SEP1 21995 Other Income: Z U. S. PROBATION OFFICE TOTAL MONTHLY INCOME NORTHERN DIST. CALIF. **QAKLAND** 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: Description of Item Method of Payment Date Amount

U.S. Probation Officer

PART E: COMPLIANCE WITH CONDITIO	NS OF SUPERVISION DURING THE PAST MONTH
Were you questioned by any law enforcement officers?	Were you arrested or named as a defendant in any criminal case?
☐ Yes ☐ No	☐ Yes ☐ Mo
ii yes, date.	in yes, when a where:
Agency:	Charges:
Reason:	Disposition:
(Attach copy of citation.	receipt, charges, disposition, etc.)
Were any pending charges disposed of during the month?	Was anyone in your household arrested or questioned by law enforcement?
☐ Yes II No	D Yes 12-No
'If yes date:	
If yes, date:	If yes, whom?
Court:	Reason:
Disposition:	Disposition:
Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?
☐ Yes ☐ No	. U Yes © No
5 103 11 110	
If yes, whom?	If yes, why?
Did you possess or use any illegal drugs?	Did you travel outside the district without permission?
☐ Yes ☐ No	□ Yes □ No
·	
If yes, type of drug:	If yes, when and where?
	<u> </u>
	
Do you have a special assessment, restitution or fine? Yes	Noif yes, amount paid during the month:
Special assessment: Resti	itution Fine:
Special assessment: Resti	
Special assessment: Resti	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
Special assessment: Resti NOTE: ALL PAYMENTS TO BE MADE BY MONEY Do you have community service work to perform?	itution Fine:
Special assessment: Resti	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drug, alcohol or mental fealth altercare?
Special assessment: Resti NOTE: ALL PAYMENTS TO BE MADE BY MONEY Do you have community service work to perform?	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
Special assessment: Resting the state of the state	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drug, alcohol or mental fealth altercare?
Special assessment: Resti	Do you have drug, alcohol or mental health altercare? If yes, did you miss any sessions during this month?
Special assessment: Resting the state of the state	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drug, alcohol or mental fealth altercare?
Special assessment: Resti NOTE: ALL PAYMENTS TO BE MADE BY MONEY Do you have community service work to perform? Yes	Do you have drug, alcohol or mental health altercare? If yes, did you miss any sessions during this month? Did you fail to respond to phone recorder instructions?
Special assessment: Resti NOTE: ALL PAYMENTS TO BE MADE BY MONEY Do you have community service work to perform? Yes	Do you have drug, alcohol or mental health altercare? If yes, did you miss any sessions during this month? Did you fail to respond to phone recorder instructions?
Special assessment:	Do you have drug, alcohol or mental health altercare? If yes, did you miss any sessions during this month? Did you fail to respond to phone recorder instructions? Yes Description:
Special assessment: Resti NOTE: ALL PAYMENTS TO BE MADE BY MONEY 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	Do you have drug, alcohol or mental health altercare? If yes, did you miss any sessions during this month? Did you fail to respond to phone recorder instructions?
Special assessment:	Do you have drug, alcohol or mental health altercare? If yes, did you miss any sessions during this month? Did you fail to respond to phone recorder instructions? Yes Description:
Special assessment: Resti NOTE: ALL PAYMENTS TO BE MADE BY MONEY 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	Do you have drug, alcohol or mental health altercare? If yes, did you miss any sessions during this month? Did you fail to respond to phone recorder instructions? Yes Description:
Special assessment:	Do you have drug, alcohol or mental health altercare? If yes, did you miss any sessions during this month? Did you fail to respond to phone recorder instructions? Yes Description:
Special assessment:	Do you have drug, alcohol or mental health altercare? If yes, did you miss any sessions during this month? Did you fail to respond to phone recorder instructions? If yes, why? I CERTIFY THAT ALL INFORMATION PURNISHED IS COMPLETE AND CORRECT. SIGNATURE DATE
Special assessment:	Do you have drug, alcohol or mental health altercare? If yes, did you miss any sessions during this month? Did you fail to respond to phone recorder instructions? Yes Description:
Special assessment:	Do you have drug, alcohol or mental health altercare? If yes, did you miss any sessions during this month? Did you fail to respond to phone recorder instructions? If yes, why? I CERTIFY THAT ALL INFORMATION PURNISHED IS COMPLETE AND CORRECT. SIGNATURE DATE
Special assessment:	Do you have drug, alcohol or mental health altercare? If yes, did you miss any sessions during this month? Did you fail to respond to phone recorder instructions? If yes, why? I CERTIFY THAT ALL INFORMATION PURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED: Mail OC
Special assessment:	Do you have drug, alcohol or mental health altercare? If yes, did you miss any sessions during this month? Did you fail to respond to phone recorder instructions? If yes, why? I CERTIFY THAT ALL INFORMATION PURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED:
Special assessment:	Do you have drug, alcohol or mentaphealth altercare? If yes, did you miss any sessions during this month? Did you fail to respond to phone recorder instructions? If yes, why? I CERTIFY THAT ALL INFORMATION PURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED: Mail OC HC CC
Special assessment:	Do you have drug, alcohol or mental health altercare? If yes, did you miss any sessions during this month? Did you fail to respond to phone recorder instructions? If yes, why? I CERTIFY THAT ALL INFORMATION PURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED: Mail OC
Special assessment:	Do you have drug, alcohol or mentaphealth altercare? If yes, did you miss any sessions during this month? Did you fail to respond to phone recorder instructions? If yes, why? I CERTIFY THAT ALL INFORMATION PURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED: Mail OC HC CC
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Special assessment:	Do you have drug, alcohol or mental health altercare? If yes, did you miss any sessions during this month? Did you fail to respond to phone recorder instructions? If yes, why? I CERTIFY THAT ALL INFORMATION PURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED: MailOC
Special assessment:	Do you have drug, alcohol or mental health altercare? If yes, did you miss any sessions during this month? Did you fail to respond to phone recorder instructions? If yes, why? I CERTIFY THAT ALL INFORMATION PURNISHED IS COMPLETE AND CORRECT. Mail
Special assessment:	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? If yes, why? I CERTIFY THAT ALL INFORMATION PURNISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED: Mail OC RETURN TO:

PROB 8 (Rev. 6/91)

REDACTED Oct 19 96



U.S. PROBATION OFFICE

Name:		Court Name (If different)):	
Akilles Simo		Jane	<u> </u>	
PART A: RESIDEN	CE (If new address, a	ttach copy of leasely	ourchase agre	ement)
Street Address, Apt. Number	-	Home Phone:	Pager Pho.	ne; Other Phone:
·	, <u>.</u>	Persons Living way		
		molder	21/1	/ 2.
Complex/Subdivision: Own or Flor	a12_}	Did you move during the	month? I Wes	s trans
2 miles (in		,		
Malling Address (If different);		If yes, date moved:		A Reason for Moving
maining Address in directing	•		,	
PART B; EMPLOY	YMENT (If unemploye			rt D)
Name, Address, Phone No. of Employer:	•	Name of immediate supe	1	is your employer aware of your
HA DE COLLINSTE	mo			criminal status? ☐ Yes ☐ No
W. Therefore		How many days of work	did you miss?	Why?
. 1				
			12 :	**************************************
		Position Held:	Gross Income:	Nombal Work House / E
		•		DECO BOT
, a , to the same and the same	ged jobs or terminated, then and why:			19EC1 : 1995
tera you terrimented. El red El riv	VEHICLES (List all ve	histor suped or drive	on hy youl	U.S. PROBATION OFFI
		Tag Number:	Owner:	NORTHERN DIST CALL OAKLAND
+1 b.				OWESTAD
// // // // // // // // // // // /			1277	
1 town cocone !	Blow	Tan Mumbar	Owner	neg
Year/make/model: Co		Tag Number:	Owner:	neg
1 Dopas Van	non	-	na	ney.
1 Dopéé Var			na	sky.
1 Dopés Var	non		na	Amount Past Due:
1 Dopéé Var	non	NANCIAL STATEMEN	na	Amount Past Due:
PAR Net Income From Employment Attach proof of earnings)	non	NANCIAL STATEMEN	na	Amount Past Due:
PAR Net Income From Employment	non	NANCIAL STATEMEN	na	Amount Past Due:
PAR Net Income From Employment Attach proof of earnings)	non	NANCIAL STATEMEN	na	Amount Past Due:
PAR Net Income From Employment Attach proof of earnings) Other Income:	TO: MONTHLY FI	NANCIAL STATEMEN	na	Amount Past Due:
PAR Net income From Employment Attach proof of earnings) Other income: FOTAL MONTHLY INCOME FOTAL MONTHLY EXPENSES Do you have a checking account? Yes Mo	TO: MONTHLY FI	NANCIAL STATEMEN	pa NT	1
PAR Net income From Employment Attach proof of earnings) Other income: FOTAL MONTHLY INCOME FOTAL MONTHLY EXPENSES Oo you have a checking account? Yes No	TO: MONTHLY FI	NANCIAL STATEMEN Past Due Debts: Do you have a savings ac	pa NT	1
PAR Net income From Employment Attach proof of earnings) Other Income: FOTAL MONTHLY INCOME FOTAL MONTHLY EXPENSES On you have a checking account? I Yes I No I Individual I Joint Balance:	TO: MONTHLY FI	Past Due Debts: Do you have a savings ac	NT Coount? Yes	1
PAR Net income From Employment Attach proof of earnings) Other income: FOTAL MONTHLY INCOME FOTAL MONTHLY EXPENSES Oo you have a checking account? Yes No	TO: MONTHLY FI	Past Due Debts: Do you have a savings ac	NT Part of the second of the	1
PAR Net Income From Employment Attach proof of earnings) Other Income: FOTAL MONTHLY INCOME FOTAL MONTHLY EXPENSES Do you have a checking account? Yes No Individual Joint Balance: Bank Name:	T D: MONTHLY FI	Past Due Debts: Do you have a savings ac Individual Bank Name: Account Number:	NT Cocount? Yes Joint	□/Ne Balange:
PAR Net Income From Employment Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Oo you have a checking account?	T D: MONTHLY FI	Past Due Debts: Do you have a savings ac Individual Bank Name: Account Number:	NT Cocount? Yes Joint	□/Ne Balange:
PAR Net Income From Employment Attach proof of earnings) Other Income: FOTAL MONTHLY INCOME FOTAL MONTHLY EXPENSES Or you have a checking account? Individual Individua	T D: MONTHLY FI	Past Due Debts: Do you have a savings ac Individual Bank Name: Account Number:	NT Cocount? Yes Joint	□/Ne Balange:
PAR Net Income From Employment Attach proof of earnings) Other Income: FOTAL MONTHLY INCOME FOTAL MONTHLY EXPENSES Or you have a checking account? Individual Joint Balance: Bank Name: Account Number: List all purchases of individual goods or services for where the proof of the pro	NT D: MONTHLY FI	Past Due Debts: Do you have a savings ac Individual Bank Name: Account Number:	NT Cocount? Yes Joint	D/No Balange:

REDACTED

b(6) and (7)(C)

U.S. Probation Officer

PART E: COMPLIANCE WITH CONDITIO	NS OF SUPERVISION DURING THE PAST MONTH
Were you questioned by any law enforcement officers? ☐ Yes ☑ No	Were you arrested or named as a defendant in any criminal case?
If yes, date:	If yes, when & where?
Agency:	Charges:
Reason:	Disposition:
	receipt, charges, disposition, etc.)
Were any pending charges disposed of during the month?	Was anyone in your household arrested or questioned by law enforcement?
•	☐ Yes 14-Nó
If yes, date:	If yes, whom?
Court:	Reason:
Disposition:	Disposition:
Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?
	☐ Yes ② No
If yes, whom?	If yes, why?
Did you possess or use any Illegal drugs?	Did you travel outside the district without permission?
. □ Yes 12 No	☐ Yes ☑ No
If yes, type of drug:	If yes, when and where?
/	
Special assessment: Resti	No—If yes, amount paid during the month: tution Fine: ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
Do you have community service work to perform? ☐ Yes	Do you have drug, alcohol or mental health afterware?
Number of hours completed this month:	If yes, did you miss any sessions during this month?
Number of hours missed: Balance of hours remaining:	Did you fail to respond to phone recorder instructions?
· · · · · · · · · · · · · · · · · · ·	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. 1/3/9 5 SIGNATURE 1/3/9 5
REMARKS:	RECEIVED:
	MailOC
•	нссс
•	
•	RETURN TO:
	U.S. PROBATION OFFICE
	1301 CLAY STREET, SUITE 220-S OAKLAND, CA 94612-2504

PROB 8 (Rev. 6/91)

15.
her Phone:
-
eason for Moving:
ere of your Yes □ No

b(6) and (7)(C) U.S. PROBATION OFFICE MONTHLY SUPERVISION REPORT FOR THE MONTH OF MEN. Court Name (if different): RESIDENCE (If new address, attach copy of lease/purchase agreement) Street Address, Apt. Number. Home Phone: Pager Phone: Oti Own or Rent? Did you move during the fronth? If yes, date moved; 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 awa criminal status? Home How many days of work did you miss?_ Position Held: Gross Income: Normal Work Hours: □ No If changed jobs or terminated, Did you change jobs? ☐ Yes state when and why: Were you terminated? □ Yes □ No VEHICLES (List all vehicles owned or driven by you) Tag Number Color Tao Number: MONTHLY FINANCIAL STATEMENT Past Due Debts: Net Income From Employment Amount Past Due: (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account?

Yes No AG. S. PROJATION OFFICE NORTHERN DIST. CALIF. Balance: OAKIAND □ Joint ☐ Individual ☐ Individual □ Joint 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: COMPLIAN	CE WITH CONDITIONS OF	SUPERVISION DURING THE PAST MONTH
Were you questioned by any law enforcement of i	<i></i>	vere you arrested or named as a defendant in any criminal case? □ Yes Ø-110
If yes, date:		yes, when & where?
Agency:	с	harges:
Reason:	D	sposition:
· ·	ttach copy of citation, receipt,	charges, disposition, etc.)
Were any pending charges disposed of during the	month? W	as anyone in your household arrested or questioned by law enforcement?
☐ Yes [v No	, ,	☐ Yes · 12 No
If yes, date:	[If	yes, whom?
Court:	Re	eason:
Disposition:	Di	isposition:
Did you have any contact with anyone having a cri	minal record? Di	d you possess or have access to a firearm?
☐ Yes ☐ LNo	·	☐ Yes Ø No
If yes, whom?	If	yes, why?
Did you possess or use any illegal drugs?	DI	d you travel outside the district without permission?
☐ Yes 🗗 No		☐ Yes ☐ No
If yes, type of drug:	_ lf	yes, when and where?
Do you have a special assessment, restitution or fi	ne? Yes No-If	yes, amount paid during the month:
Special assessment:	Restitution_	Fine:
		(POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
Do you have community service work to pertopn? ☐ Yes ② No	D0	you have drug, alcohol or mental health aftergare?
· ·		
Number of hours completed this month:	7	yes, did you miss any sessions during this month?
Number of hours missed:	_{Di}	d you fail to respond to phone recorder instructions?
Balance of hours remaining:		☐ Yes ☐ No
	if :	yes, why?
WARNING: ANY FALSE STATEMENTS MAY	RESULT IN 10	CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
REVOCATION OF PROBATION, SUPERVISE	D RELEASE OR AN	ND CORRECT.
PAROLE, IN ADDITION TO 5 YEARS IMPRIS	ONMENT, A	Ollar Jacobson Jalidas
\$250,000 FINE OR BOTH. (18 U.S.C. § 1001)	<u>U</u>	SNATURE DATE DATE
REMARKS:		CEIVED:
RESPARTO.		MaiiOC
		нссс
		RETURN TO:
		U. S. PROBATION OFFICE
•		1301 CLAY STREET, SUITE 220-S
		OAKLAND, CA 94612-2504

STSENTENCE SUMMARIZATION

DEDACTED			bate	April 2	. 1977
REDACTED	(B(6)/(B(7)(c)	Re: GA Reg. N	RRIDO, Phill o.	ip Craig	
ATTACHMENTS:					
1. FACE SHEE		4. PR	OR RECORD	· kv	1
2. OFFENSE F (Indictme 3. DEFENDANT	REPORT XX ent/Information) L'S VERSION XX	5. SEN	ingerprint St ITENCING TRAN I/or Judgment	ISCRÍPT 🗀	
6. DRUG/ALCO	HOL USAGE:				
					11
7. EDUCATION	: Graduated from hig	jh school	in 1969 (ver	ified).	
8. EMPLOYMEN	T: Self-employed mu	ısician √- 1			
9. MARITAL/FA	MILY STATUS: Marri	ed - no cl	nildren.		
and the second s					
Court, Coi	OR AGGRAVATING CIR plea of guilty to Funty of Washoe, Reno life sentence, wit	orcible Ra . Nevada.	ipe in Second On April 11	Judicial 1977 c	District
ordered th	ne sentence be serve	d concurre	ntly with th	e. The co e Federal	urt term.
					7
10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			, , , , , , , , , , , , , , , , , , , ,		
	er e e e				-



U.S. PROBATION OFFICE

MONTHLY SUPERVISION REPORT FOR I	HE MUNTH OF
Name:)	Court Name (if different):
JARRED Thill	Some As LBOX
PART A: RESIDENCE (If new address	s, atlach copy of lease/purchase agreement)
Street Address Ant M	Horne Phone: Pager Phone: Other Phone:
v	
Gity, State, Zip Code:	Wife NAMER Mother.
Complex/Subdivision: Own of Rent?	Did you move during the month? If Yes I No
Mailing Address (if different):	If yes, date moved: RECEIVED Reason for Moving:
	W. 1. 1000
PART B: EMPLOYMENT (If unemplo	oyed, list source of support under Part D)
Name, Address, Phone No. of Employer:	Name of immediate supervision of the supervision of
	How many days of work dld you miss? Why?
	Position Held: Gross Income: Normal Work Hours:
Did you change jobs?	
PART C: VEHICLES (List all	vehicles owned or driven by you)
1. Year/make/model: Color.	Tag Number: Owner: NAMCE Canned.
2 Year/make/model: Color: Colo	IANCY LARGO
PART D: MONTHLY	FINANCIAL STATEMENT
Net Income From Employment (Attach proof of eamings)	Past Due Debts: Amount Past Due:
Other Income:	
TOTAL MONTHLY INCOME	
TOTAL MONTHLY EXPENSES	
Do you have a checking account? Do Yes O No	Do you have a savings account? ☐ Yes ☐ No
☐ Individual ☐ Joint Balance:	☐ Individual ☐ Joint Balance:
Bank Name: WMS TRIGO	Bank Name:
Account Number:	Account Number:
List all purchases of individual goods or services for which you paid \$500 or mo	ore:
Date Amount Method of Payme	Description of Item
	·

REDACTED

	PART E: COMPLIANCE WITH CONDITIONS	OF SUPERVISION DURING THE PAST MONTH
	Were you questioned by any law enforcement efficers?	Were you arrested or named as a defendant in any criminal case?
	☐ Yes ☐ Yo	If yes, when & where?
	Agency:	Charges:
	Reason:	Disposition:
	(Atlach copy of ottation, rece	interpretation etc.)
	Were any pending charges disposed of during the month?	Was anyone in your household arrested or questioned by law enforcement?
	☐ Yes (C) No	☐ Yes ☑ No
	If yes, date:	If yes, whom?
	Court:	Reason:
	Disposition::	Disposition:
•	Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?
	Yes D No	☐ Yes ☐ No
	If yes, whom?	If yes, why?
	Did you possess or use any illegal drugs?	Did you travel outside the district without permission?
	☐ Yes ☐LNO	☐ Yes 12_NO
	If yes, type of drug:	If yes, when and where?
		1
	Do you have a special assessment, restitution or fine?	-If yes, amount paid during the month:
	Special assessment: Restitutio	n Fine:
	NOTE: ALL PAYMENTS TO BE MADE BY MONEY ORD	PER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
	Do you have community service work to periorm?	Do you have drug, alcohol or mental health aftercare?
	T Yes & No	
	Number of hours completed this month:	If yes, did you miss any sessions during this month?
	· · · /	in yes, and you miss only sussions during this month?
	Number of hours missed:	Did you fail to coppose to above coverded instruction of
	Balance of hours remaining:	Did you fail to respond to phone recorder instructions?
		If yes, why?
		it yes, wily?
	WARNING: ANY FALSE STATEMENTS MAY RESULT IN	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
	REVOCATION OF PROBATION, SUPERVISED RELEASE OR PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A	AND CORRECT.
	\$250,000 FINE OR BOTH.	Jolli Accion le VIII
	(18 U.S.C. § 1001)	SIGNATURE DATE
	REMARKS:	RECEIVED:
	ALIMANICO.	
		MailOC
		нссс
٠.	•	RETURN TO:
		nerona ro.
		U. S. PROBATION OFFICE
	•	1301 CLAY STREET, SUITE 220-S
	· ,	OAKLAND, CA 94612-2504
	7///	. CIMBRALLIAN WAS STURMENUT

U.S. Probation Officer

PROB 8 (Rev. 6/91) b(6) and (7)(C)

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Phillip GARNINA	Ì	-			
PART A: RESIDENCE (If no	ew address, at	tach copy of leas	elpurchase a	areement)	
Street Address, Apt. Number:		Home Phone: .		Dhn-3;	Other Phone:
City, State, Lip Loue.		Persons Living with y	ou: · ~		
•	.	The one	E 1.	2	
Omplexiculation: Own or Rent?	• • -	Did you move during	the month?	Yes B N	
	j				
Malling Address (il different):		If yes, date moved:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
PART B: EMPLOYMENT	(If unemployed	d, list source of s	upport under	Part D)	
Name, Address, Phone No. of Employer:		Name of Immediate s	upervisor:	Is your e	mployer aware of your
	I		•		status? Yes No
		How many days of w	ork did you miss	?	Why?
		·			- •
		Position Held:	Gross Inco	me:	Normal Work Hours:
Old you change jobs? I Yes I No If changed jobs o					
Vere you terminated? Li Yes 1-100 state when and w	vhy:				
vete for termination. B les E no		icles owned or di	riven by you)		
PART C: VEHICLE . Year/make/model: Color:	E S (List all veh	ucles owned or di	riven by you)	er.	
PART C: VEHICLE	E S (List all veh				cu Gan
PART C: VEHICLE	E S (List all veh			VAN	y barr
PART C: VEHICLE Yearmake/model: Color: Vella	ES (List all veh		Owne	VAN	cy barr
PART C: VEHICLE Yearmake/model: Color: Yearmake/model: Color: Yearmake/model: Color: Yearmake/model: Color: Yearmake/model: Color: Yearmake/model: Yearm	S (List all veh	Tag Number:	Owne Owne	VAN	cy barr
PART C: VEHICLE Yearmake/model: Yearma	CS (List all vel	NOT ANCIAL STATEM	Owne Owne	VAN	
PART C: VEHICLE Yearmake/model: YeART D: N	CS (List all vel	NOT	Owne Owne	VAN	Amount Past Due:
PART C: VEHICLE Yearmake/model: Yearmake/model: Yearmake/model: Yearmake/model: Yearmake/model: Yearmake/model: Yearmake/model: Yearmake/model: Yello PART D: N Net Income From Employment Attach proof of earnings)	CS (List all vel	ANCIAL STATEM	Owner Course	VAN	
PART C: VEHICLE Yearmake/model: YeART D: N	CS (List all vel	ANCIAL STATEM	Owne Owne	VAN	
PART C: VEHICLE Yearmake/model: Yearmake/model: Yearmake/model: Yearmake/model: Yearmake/model: Yearmake/model: Yearmake/model: Yearmake/model: Yello PART D: N Net Income From Employment Attach proof of earnings)	CS (List all vel	ANCIAL STATEM	Owner Course	VAN	
PART C: VEHICLE Yearmake/model: Yearmake/model: Yearmake/model: Yearmake/model: Yello Yello PART D: N Net Income From Employment Attach proof of earnings) Other Income:	CS (List all vel	ANCIAL STATEM	Owner Course	VAN	
PART C: VEHICLE Yearmake/model: Yearmake/model: Yearmake/model: Yearmake/model: Yearmake/model: Yello Yello PART D: N Net Income From Employment Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES	OW MONTHLY FIN	NOT ANCIAL STATEM Past Due Debts:	Owner Country	UAKU VSE	
PART C: VEHICLE Year/make/model: Year/make/make/model: Year/make/make/model: Year/make/make/make/make/make/make/make/make	OW MONTHLY FIN	ANCIAL STATEM	Owner Owner Country Co	UAKU VSE	
PART C: VEHICLE Year/make/model: Year/make/model: Year/make/model: Year/make/model: Yel/6 Color: Yel/6 Color: Yel/6 Color: Yel/6 Color: Yel/6 Color: Yel/6 PART D: N Net Income From Employment Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Or you have a checking account? Individual	CS (List all vel	NOT ANCIAL STATEM Past Due Debts:	Owner Country	Yes E No	
PART C: VEHICLE Year/make/model: Year/make/model: Year/make/model: Year/make/model: Yel/6 Color: Yel/6 Color: Yel/6 Color: Yel/6 Color: Yel/6 Color: Yel/6 PART D: N Net Income From Employment Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Or you have a checking account? Individual	CS (List all vel	ANCIAL STATEM Past Due Debts:	I Owner Owne	Yes PNO	Amount Past Due:
PART C: VEHICLE Yearmake/model: Color: Yearmake/model: OW MONTHLY FIN	ANCIAL STATEM Past Due Debts: O you have a savings Individual Bank Name:	I Owner Owne	Yes B No	Amount Past Due:	
PART C: VEHICLE Year/make/model: Year/make/mod	ES (List all vel	ANCIAL STATEM Past Due Debts: O you have a savings Individual Bank Name:	I Owner Owne	Yes B No	Amount Past Due:
PART C: VEHICLE Yearmake/model: Yelfo PART D: N PART D: N Net Income From Employment Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Yes No Individual Joint Balance: Black	ES (List all vel	ANCIAL STATEM Past Due Debts: O you have a savings Individual Bank Name:	I Owner Country Countr	Yes B No	Amount Past Due:

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	PART E: COMPLIANCE WITH CONDITIO	INS OF SUPERVISION DURING THE PAST MONTH
	Were you questioned by any law enforcement officers? ☐ Yes ☐ No	Were you arrested or named as a defendant in any criminal case?
	If yes, date:	If yes, when & where?
	Agency:	Charges:
	Reason:	Disposition:
		recelpt, charges, disposition, etc.)
	Were any pending charges disposed of during the month?	Was anyone in your household arrested or questioned by law enforcement?
	If yes, date:	If yes, whom?
	Court:	Reason:
	Disposition:	Oisposition:
	Dld you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?
	□ Yes ⑤ No	□ Yes □ No
	If yes, whom?	If yes, why?
	Did you possess or use any illegal drugs?	Did you travel outside the district without permission?
	☐ Yes ☐ No	□ Yes ⊟ No
	If yes, type of drug:	If yes, when and where?
	· · · · · · · · · · · · · · · · · · ·	No—If yes, amount paid during the month:
	NOTE: ALL PAYMENTS TO BE MADE BY MONEY	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
	Do you have community service work to perform?	Do you have drug, alcohol or mental health aftercare?
	B Yes B 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?
	Balance of hours remaining:	Yes No
		If yes, why?
	WARNING: ANY FALSE STATEMENTS MAY RESULT IN	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
	REVOCATION OF PROBATION, SUPERVISED RELEASE OR	AND CORRECT.
	PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A	
	\$250,000 FINE OR BOTH.	PX-1 Marrial 131/90
	(18 U.S.C. § 1001)	SIGNATURE DAVE
	REMARKS:	RECEIVED:
		MailOC
		HCCC
		RETURN TO:
		The fulfill IV.
	·	U. S. PROBATION OFFICE
		1301 CLAY STREET, SUITE 220-S

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PAOB 8 (Rev. 6/91)

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U.S. PROBATION OFFICE MONTHLY SUPERVISION REPORT FOR THE MONTH OF ___

189, 19 96.

Name: Phillip GACCIOO	Court Name (if different):		
	attach copy of lease/purchase agreement)		
Street Address Ant. Number:	Home Phone: Other Phone:		
City, State. 7in Codin	Ferous Living with you:		
	mone wife		
complex/Subdivision: Own or Rent?	Did you move during the month? ☐ Yes ☐ No		
	If yes, date moved: Reason for Moving:		
Malling Address (il dillerent):	. reason of moving.		
PART B: EMPLOYMENT (If unemploy	yed, 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?			
	rehicles owned or driven by you)		
Yeartmake/model: Color:	Tag Number: Owner:		
1981 Food & Scort Yellow	NANCY GARRY		
2. Yearfmake/model: Color:	Owner:		
·			
PART D: MONTHLY F	INANCIAL STATEMENT		
Net Income From Employment	Past Due Debts: Amount Past Due:		
(Attach proof of earnings)			
Other Income:			
TOTAL MONTHLY INCOME			
TOTAL MONTHLY EXPENSES			
Do you have a checking account? ☐-Yes ☐ No	Do you have a savings account?		
☐ Individual ☐ Joint Balance: \$\ \(\oldsymbol{B} \oldsymbol{A1866} \oldsymbol{B} \)	☐ 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	6:		
Date Amount . Method of Paymen	<u>Description of Item</u>		
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talan	PART E: COMPLIANCE WITH CONDITIONS (e you questioned by any law enforcement officers?	Were you arrested or named as a defendant in any criminal case?			
. veci	☐ Yes ☐ No—	Yes . Q-No-			
If ye	eş, date:	If yes, when & where?			
Age	ency:	Charges:			
-	•	,			
Rea	ison:	Disposition:			
	(Attach copy of citation, recei	ipi, Charges, disposition, etc.)			
Were	e any pending charges disposed of during the month?	Was anyone in your household arrested or questioned by law enforcement?			
	☐ Yes · □ · N o	☐ Yes ☐ No.			
. If ve	es, date:	If yes, whom?			
Cou	rt:	Reason:			
Disp	position:	Disposition:			
Dia y	you have any contact with anyone having a criminal record? ☐ Yes ☐ No	Did you possess or have access to a fiream?			
	. U 103 D. AB				
If ye	es, whom?	If yes, why?			
Did v	you possess of use any illegal drugs?	Did you travel outside the district without permission?			
,	□ Yes □ No	☐ Yes ☐~No			
If ye	s, type of drug:	If yes, when and where?			
	Do you have a special assessment, restitution or fine? Yes S No—If yes, amount paid during the month:				
Do yo	ou have a special assessment, restitution or fine? O Yes B_No-	-If yes, amount paid during the month:			
Do yo	•				
Do yo	•	on Fine:			
Do yo	Special assessment: Restitutio				
	Special assessment: Restitution NOTE: ALL PAYMENTS TO BE MADE BY MONEY ORD	DER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.			
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U.S. Probation Office Northern Dist. Calif. Oakland



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•	MONTHLY SUPERVISION REPORT FOR THE MONTH OF THE			
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	PART A: RESIDENCE III Home P			
5	Persons Living min you.			
	Dia you muve during the month? C fee Diffo			
6	Applex/Subdivision Own or Ren!? If yes, date moved.			
	and the same of th			
-	ailing Address id different			
	Some 18 HOULE OVALENT III unemployed, list source of support under Part D;			
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-	lame_Addiess, Phone No of Erricipies 7			
	How many days of work did you miss? Why?			
	Position Held Gross Income: Normal Work Hours:			
	Position			
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	Were you tenninated? I Yee Add Control of Walter St. Wa			
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	PART D: MONTHLY FINANCIAL STATEMENT			
	Allipoir. 1 do 1			
	Past Due Debts:			
	Net Income From Employment			
	(Attach proof of earnings)			
	·			
	Other Income:			
•	TOTAL MONTHLY INCOME			
•	TOTAL MONTHLY EXPENSES Do you have a savings account? Yes INO Batance:			
; :	Do you have a checking the Balance.			
	or Individual			
1	Bank Name:			
	Account Number			
	Description of the control of the co			
	List all purchases of individual government Method of Payment			
	Date Amount Memos 9			

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PART E: COMPUANCE WITH CONDITIONS OF SUPERVISION DURING THE PAST MONTH Ware you quastioned by any taw enforcement out the ST COPY ANALYSIS AND A BARRY AND A BARR			
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11 yes, 03(8	Craiges		
Agency	Disposition		
Restor			
(Arrach copy of cit-tion	receipt. Charges, disposition etc. Was anyons in your household at ested on ourstroped by law enforcement?		
Were any perior, j therges cistus-co of during the month?	Was anyone wybs. Helisania 1 Yes Tho		
Ware any periolicy tharges discussed the No			
2. 163	If yes, whom?		
If yes, gate			
	Reason.		
Court	Disposition.		
	Did you possess or have access to a treatm?		
Dicyou have 31, contact with anyone the ing a second record	Jilo you posted		
Yes No			
	If yes, Why		
11 yes; +ht:1.7	Des , ou have ofs c. the distinct wholes bern sales		
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Dr. you could's to the art yes T No	1		
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U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF Lipsue, 19 96.

	· <i>V</i>
Philly gande	Court Name (il dilterent):
PART A. RESIDENCE (If new address,	attach copy of leaselpurchase agreement)
Street Address, Apt. N	Home Phone: Pager Phone: Other Phone:
HARA ON ?	
City, State fin Code	Persons Living with you:
•	m. A.
Complex/Subdivision: Own of Rent?	Did you move during the month? Yes 20 No
Complexional Country of Heilt?	Did you move during the month? It less to he
	If yes, date moved: Reason for Movin
Mailing Address (if different):	TOO IN THE PROPERTY OF THE PRO
PART B: EMPLOYMENT (If unemploy	ved, 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
<i>I</i>	How many days of work did you miss? Why?
	vitiy!
	Position Held: Gross Income: Normal Work Hours:
Did you change Jobs? Yes It lo If changed Jobs or terminated,	
Were you terminated? Yes No state when and why:	
PART C: VEHICLES (List all v	rehicles owned or driven by you)
1. Year/make/model: Color:	Ton Mirmhar Owner:
1981 FORD F. COPK YELLOW	laser Paul
2. Yearimakeirpodel: Color:	Ting Number Owner
1981 DOGE VON (27/200)	Not us conti
PART D: MONTHLY F	INANCIAL STATEMENT
Net Income From Employment	Past Due Debts: Amount Past Due:
(Attach proof of earnings)	
Other Income:	
TOTAL MONTHLY INCOME	X) ·
TOTAL MONTHLI INCOME	
TOTAL MONTHLY EXPENSES	
Do you have a checking account? W Yes D No	Do you have a savings account? Yes
individual I Joint Balance Justines	□ Individual □ Joint Balance;
1) 15 17	
Bank Name: WPUS FARO	Bank Name:
Account Number:	Account Number:
List all purchases of individual goods or services for which you paid \$500 or mo	re:
Date Amount Method of Paymen	t Description of Item
,	

	PART E: COMPLIANCE WITH CONDITIONS	OF SUPERVISION DURING THE PAST MONTH
	Were you questioned by any law enforcement officers? O Yes O No	Were you arrested or named as a defendant in any criptinal case? ☐ Yes ☐ Mo
	If yes, date:	If yes, when & where?
	Agency:	Charges:
	Reason;	Disposition:
	(Attach copy of citation, rece	Was anyone in your household arrested or questioged by law enforcement?
	Were any pending charges disposed of during the month?	Was anyone in your household arrested or questioned by law enforcement? ———————————————————————————————————
	If yes, date:	If yes, whom?
	Court:	Reason:
	Disposition:	Disposition:
٠	Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?
	If yes, whom?	If yes, why?
	Did you possess or use any Itlegal drugs?	Did you travel outside the district without permission?
	☐ Yes 1D No	☐ Yes ☐ No
	If yes, type of drug:	If yes, when and where?
	:	1
	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 OR	DER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
	Do you have community service work to perform?	Do you have drug, alcohol or mental health aftercare?
	O Yes It 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?
	Balance of hours remaining:	☐ Yes ☐ No
	*	If yes, why?
	WARNING: ANY FALSE STATEMENTS MAY RESULT IN	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
	REVOCATION OF PROBATION, SUPERVISED RELEASE OR	AND CORRECT.
	PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A \$250,000 FINE OR BOTH.	16) 1 lini - A -linky
	•	ILKIL TUNUARU S/10/96
	(18 U.S.C. § 1001)	SIGNATURE
	REMARKS:	RECEIVED:
	RECEIVED	Mail OC
	MAY 2 2 1996	НССС
	•	RETURN TO:
	U.S. Probation Office	
	Northern Dist, Calif.	
	Oakland	TI S DIADAMAN AFERON
	Oditionic	U. S. PROBATION OFFICE
	•	1301 CLAY STREET, SUTTE 220-S
	,	OAKLAND, CA 94612-2504
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	Data Page	
	U.S. Probation Officer Date	المحمد بالمهاب

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U.S. PROBATION OFFICE MONTHLY SUPERVISION REPORT FOR THE MONTH OF

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		Name of immediate su		your employer aware of your	,
Name, Armess, Friend No of Employer	-	į		dminal status? E; Yes C	
V	1	How man, days of wo	'N aic you miss?	Why?	
	A CONTRACTOR OF THE PARTY AND ADDRESS.	1		•	
		Position Heis	Grass Income:	Normal Work Hours:	
		Postion reis			
•					
Did you change jobs? Yes i. No. 117	thanged jobs or testivalend			•	
Ware you terminated.		vehicles owned or di	men ny voul		
PART C	VEHICLES (LIST 8)	, lag Number	Owner .	4	
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DOGE VAM	15/20 -	FINANCIAL STATEM	- Par	7029	Due:
Net Income From Employment	PART D MONTHLY		- Par	Amount Past E	Due:
DOCE VAM	PART D MONTHLY	FINANCIAL STATEM	- Par	Amount Past E	Due:
Net income From Employment (Attach proof of earnings;	PART D MONTHLY	FINANCIAL STATEM	- Par	Amount Past E	Due:
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Net income From Employment (Attach proof of earnings;	PART D MONTHLY	FINANCIAL STATEM	- Par	Amount Past E	Oue:
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Net Income From Employment (Attach proof of earnings; Other Income. TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a cheering account? Tes the character of account? The Balance Bank Name.	PART D MONTHLY	Past Due Debis: Do you have a savely It Individual Bank Name: Account Number.	JENT De arcount? L' Yes F. Joint		Due:
Net Income From Employment (Attach proof of earnings; Other Income. TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a cheering account? These has a cheering account? The Balance Bank Name. Account Number List air burchases of indivious goods in accides	PART D MONTHLY	Past Due Debts: Do you have a savely Ti Individual Bank Name: Account Number	JENT Joint Joint		Due:
Net Income From Employment (Attach proof of earnings; Other Income. TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a cheering account? Tes the character of account? The Balance Bank Name.	PART D MONTHLY	Past Due Debts: Do you have a savely Ti Individual Bank Name: Account Number	JENT Joint Joint	Balante.	Due:
Net income From Employment (Attach proof of eerings; Other Income. TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a cheering account? I tes in Individual C. Joint Barance Bank Name. Account Number List all Durchases of individual goods in agrices	PART D MONTHLY	Past Due Debts: Do you have a savely Ti Individual Bank Name: Account Number	JENT Joint Joint	Balante.	Due:

•	PART E: COMPLIANCE WITH CONDITIONS C	F SUPERVISION DURING THE PAST MONTH
	Were you questioned by any law enforcement officers?	Were you arrested or named as a defendant in any criminal case? Yes No
	€ Yes PNo	If yes, when & where?
	If yes, date.	
	Agency	Charges
	B≠ST COPY AVA	LABLE
	Agency:BEST COPY AVA	/
	(Attach, copy of enation, feeti	
	Were any pending charges disposed of during the month?	Was anyone in your nousehold ariested or questioned by law enforcement?
	Yes 2 No	Ji les Linu
	•	If yes, whom?
	If yes, date	
	Coun	Reason
		Disposition
	Disposition .	Did you possess to have access to a treatm?
	Did you have any contact with anyone having preminer a corp	Did you possess of have access to a mount
	Yes L'No	
		if yes, why?
	If yes, whom?	Drd you make butshoe the district without perforeshing
	Did you possest or use any illegal drugs?	1 - Yes 1 AH
	res ZNo	
	If was type of drug	, if yes, when and where?
	If yes, type of drug	
		If was appoint paid during the month
	Do you have a submed absense out less times of time. Yes No	
	pecial assessment Restrict	on
	"peciai assessition.	DER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
	NOTE: ALL PAYMENTS TO BE MADE BY MONEY OR	DER (FOURL UT DE LA CONTROL DE
	Do you have community service wark to personal	Do you have drug, accres or mental nearth aftercase?
·	. Yes E No	
		If yes, aid you miss any sessions during the month?
	Number of hours completed this month	
_	Number of floors missed	Did you fail to respond to phone resorder instructions?
		Yes Wo
	Balance or nours remaining	it yes, why?
ì	The second secon	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
	THE PARTY OF CUNTERAFATS MAY RESULT IN	AND CORRECT
i	REVOCATION OF PROBATION, SUPERVISED RELEASE OR PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A	The state of the s
1	\$250,000 FINE OR BOTH.	JULY JONEON 25/1/A
Á	(18 U.S.C. § 1001)	SHINATURE DATE !
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i J	JUN 21 19	U. S. PROBATION OFFICE
	U.S. Donn	1301 CLAY STREET, SUITE 220-S
į	U. S. PROBATION O NORTHERN DIST	OAKLAND, CA 94612-2504
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	U.S. Probation Cificer	•

6(6) and (7)(C) U.S. PROBATION OFFICE MONTHLY SUPERVISION REPORT FOR THE MONTH OF Court Name (Il different): PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement) Other Phone: Home Phone: Street Address, Apt. Number: rersons Living with you: City, State 755 000 Did you move du Own or Rent7 Complex/Subdivision: Reason for Moving: If yes, date moved: Malling Address (it different): EMPLOYMENT (If unemployed, list source of support under Part D) PART B: Name of immediate supervisor. is your employer aware of your criminal status? | Yes | No Name, Address, Phone No. of Employer. How many days of work did you miss? Why? Normal Work Hours: Gross Income: Position Held: If changed jobs or terminated, state when and why: Did you change jobs? Were you terminated? □ № ☐ Yes VEHICLES (List all vehicles owned or driven by you) □ No PART C: Blow PART D: MONTHLY FINANCIAL STATEMENT Amount Past Due: Past Due Debts: Net Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? Yes No □ Joint ☐ Individual Balance: _ □ Joint ☐ Individual Bank Name: Bank Name: Account Number: Account Number: List all purchases of Individual goods or services for which you paid \$500 or more: Description of Item Method of Payment **Amount** Date

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4	PART E: COMPLIANCE WITH CONDITIONS	OF SUPERVISION DURING THE PAST MONTH
	Were you questioned by any law enforcement officers?	Were you arrested or named as a defendant in any criminal case?
	☐ Yes 图 No	If yes, when & where?
	,	
	Agency:	Charges:
	Reason:	Disposition:
	(Attach copy of citation, rece	ipl, charges, disposition, etc.)
	Were any pending charges disposed of during the month?	Was anyone in your household arrested or questioned by law enforcement?
	□ Yes 12 No	□ Yes □ X6
	If yes, date:	If yes, whom?
	Court:	Reason:
	Disposition:	Disposition:
	Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?
	□ Yes □ No	Yes O No
	If yes, whom?	If yes, why?
•	Did you possess or use any illegal drugs?	Did you travel outside the district without permission?
	□ Yes □/No	☐ Yes D No
	If yes, type of drug:	If yes, when and where?
	Do you have a special assessment, restitution or fine? Yes 12 No-	-If yes, amount paid during the month:
	Special assessment: Restitution	on
	NOTE: ALL PAYMENTS TO BE MADE BY MONEY OR	DER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
	Do you nave community service work to perform?	Do you have drug, alcohol or mental health aftercare?
	☐ Yes ♥ 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?
	Balance of hours remaining:	☐ Yes ☐ No
		If yes, why?
		LOSSING THAT ALL INCODIATION SUBJECTED TO CONTROL TO
	WARNING: ANY FALSE STATEMENTS MAY RESULT IN REVOCATION OF PROBATION, SUPERVISED RELEASE OR	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
	PAROLE IN ADDITION TO 5 YEARS IMPRISONMENT, A	
	\$250,000 FINE OR BOTH.	I FX 1 1 A COLLEY
	(18 U.S.C. § 1001)	SIGNATURE
	REMARKS:	RECEIVED:
		Mail OC
	•	HCCC
		,
		RETURN TO:
		U. S. PROBATION OFFICE
	<u>.</u>	1301 CLAY STREET, SUITE 220-S
		OAKLAND, CA 94612-2504

I.S. Probation Officer

6) and (7)(C)

U.S. PROBATION OFFICE

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REDAC Lept.	, 19_96	भर ाक्ष ा

Name:		Court Name (if different):	-· V
shelly Daniel)	San.	L
PART A: RESID	ENCE (If new address,	attach copy of lease/pu	urchase agreement)
Street Address, Apl. Number:		Home Phone:	Pager Phone: Other Phone:
City, Digits, E18 LOOR' -		Persons Living With your	
Complex/Subdivision: Own or	Hem?	Mylhes Did you move durit	I ves who have han
Malling Address (il ditterent):		If yes, date moved:	Reason for Movi
PART B: EMPI	OYMENT (If unemploy	red, list source of supp	ort under Part D)
Name, Address, Phone No. of Employer.	1.	Name of immediate super	ts your employer aware of your chimbelleratus [] No
-	•.	How many days of work di	od you miss? Why?
		Position Held:	Gross Income: U.S. NOTES WONINGFRACE NORTH-PA DIST, CALIF. G. JAND
	hanged jobs or terminated, e when and why:		
PART C:	VEHICLES (List all v	ehicles owned or driver	n by you)
1. Yearmake/model:	Color,	Tan Number:	Owner. Adver
2. Yearlmake/model:	916.	Tag Number:	Owner:
1606E 1AM	KLOW		1/ bnog
	AKI OF MONTHLY F	INANCIAL STATEMEN	
Net Income From Employment (Attach proof of earnings)		Past Due Debts:	Amount Past Due:
Other income;			/
TOTAL MONTHLY INCOME	·	/	
TOTAL MONTHLY EXPENSES		}	
TOTAL MONTHLY EXPENSES Do you have a checking account? Yes No		Do you have a savings acc	ount? Yes DUNO .
			ount? Yes DuNo .
Do you have a checking account? Yes I No			/
Do you have a checking account? Yes No		☐ Individual E	Joint Balance:
Do you have a checking account? Yes No I Individual Joint Balance:	which you paid \$500 or mor	□ Individual □ Bank Name: Account Number:	Joint Balance:
Do you have a checking account?	which you paid \$500 or more	□ Individual □ Bank Name: Account Number: •:	Joint Balance:
Do you have a checking account?		□ Individual □ Bank Name: Account Number: •:	Joint Balance:

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	IONS OF SUPERVISION DURING THE PAST MONTH
Were you questioned by any law enforcement officers? □ Yes 🖰 No	Were you arrested or named as a defendant in any criminal case?
If yes, date:	If yes, when & where?
Agency:	Charges:
Reason:	Disposition:
(Attach copy of citation Were any panding charges disposed of during the month?	n, receipt, charges, disposition, etc.) Was suppose in your household arrested or questioned by law enforcement?
☐ Yes 12 No	☐ Yes ZLN6
If yes, date:	If yes, whom?
Court;	Reason:
Disposition:	Disposition:
Did you have any contact with anyone having a criminal record?	Did you possess or have access to a lirearm?
□ Yes □No	□ Yes Æ No
If yes, whom?	If yes, why?
Did you possess or use any lilegal drugs?	Did you travel outside the district without permission?
☐ Yes ☐ KNO	. O Yes D No
If yes, type of drug:	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: Re	stitution Fine:
NOTE: ALL PAYMENTS TO BE MADE BY MONE	EY ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
Do you have community service work to perform?	Do you have drug, alcohol or mental health aftercare?
C Yes C 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?
Balance of hours remaining:	_
	If yes, why?
WARNING: ANY FALSE STATEMENTS MAY RESULT IN	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
REVOCATION OF PROBATION, SUPERVISED RELEASE OR	AND COMPRECT.
PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A \$250,000 FINE OR BOTH.	1 X V X CO 1 10/8/9
(18 U.S.C. § 1001)	SIGNATURE DATE
REMARKS:	RECEIVED:
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	RETURN TO:
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	Company of the Compan
	U. S. PROBATION OFFICE
-	U. S. PROBATION OFFICE 1301 CLAY STREET, SUITE 220-S OAKLAND, CA 94612-2504

10/28/

U.S. Probation O

PROB 6: (Rev. 6/91)

b(6) and (7)(C)



U.S. PROBATION OFFICE Od , 19 96.

Phillip Lambe	Court Name (if different):
PART A: RESIDENCE (If new address,	attach copy of lease/purchase agreement)
Street Address AA H	Pager Phone: Other Phone:
City. Stales 7in Code	Persons Living with you:
	Mathen Teles
Complex/Subdivision: Own of Rent?	Did you move during the month? □ Yes X No
	1
maning Address (If dilferent):	If yes, date moved: Reason for Moving:
1 a Chair	
Home as	
	red, list source of support under Part D)
Name Address, Phone No. of Employer.	Name of immediate supervisor.
	Selfonghy Criminal status? Yes No
	How mappy days of work did you griss? Why?
	1/5
	NINC.
	Position Held: Gross Income: Normal Work Hours:
Did you change jobs? Yes Tho No If changed jobs or terminated, Were you terminated? Yes Tho No state when and why:	·
PART C: VEHICLES (List all v	ehicles owned or driven by you)
1. Year/make/mortel: Color	Tan Nismhar Dwner,
II takest fill an	Manay Sound
2. Yearimake/model: Color:	Tag Number: Owner:
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PART D: MONTHLY F	INANCIAL STATEMENT
Net income From Employment	Past Due Debts: Amount Past Due:
(Attach proof of earnings)	•
Other Income:	
TOTAL MONTHLY INCOME	
TOTAL MONTHLY INCOME	
TOTAL MONTHLY EXPENSES	
Do you have a checking account?	Do you have a savings account? Yes No
☐ Individual ☐ Joint Balance:	☐ Individual ☐ Joint Batance:
Bank Name:	Bank Name:
Account Number:	Account Number:
List all purchases of individual goods or services for which you paid \$500 or more	re:
Date Amount Method of Paymen	t Description of Item

PART E: COMPLIANCE WITH CONDITIONS	S OF SUPERVISION DURING THE PAST MONTH,
Were you questioned by any law enforcement officers?	Were you arrested or named as a defendant in any criminal case?
☐ Yes ID No If yes, date:	If yes, when & where?
Agency:	Charges;
Reason:	Disposition:
	ceipt, charges, disposition, etc.)
Were any ponding charges disposed of during the month?	Was anyone in your household arrested or questioned by law enforcement?
☐ Yes ILMo	. D Yes 15 No
if yes, date:	If yes, whom?
Court:	Reason:
Disposition:	Disposition:
Did you have any contact with anyone having a criminal record? ☐ Yes ☐ No	Did you possess or have access to a firearm?
If yes, whom?	If yes, why?
	Did you trayel outside the district without permission?
Did you possess or use any illegal drugs?	□ Yes □ M6
•	
If yes, type of drug:	If yes, when and where?
Do you have a special assessment, restitution or fine?	o—If yes, amount paid during the month:
Consist assessment:	rtionFine:
• • • •	
NOTE: ALL PAYMENTS TO BE MADE BY MONEY O	PRIDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
Do you have community service work to perform?	Do you have drug, alcohol or mental health aftercare?
☐ Yes 10 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?
Balance of hours remaining:	U Yes □ No
	If yes, why?
WARNING: ANY FALSE STATEMENTS MAY RESULT IN	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
REVOCATION OF PROBATION, SUPERVISED RELEASE OR	AND SORRECT.
PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A \$250 MO FINE OR BOTH.	(A) (1)
(18 U.S.C. § 1001)	SIGNATURE STATE
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	RETURN TO:
	U. S. PROBATION OFFICE
	1301 CLAY STREET, SUITE 220-S
9/2/4	OAKLAND, CA 94612-2504
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US PROBATION OFFICE.

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MONTHLY SUPER	VISION REPORT FOR THE			
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	TOTAL MONTHLY SAMESES			12
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	Fishic November 1 Account Name 1 Account Name 2 Acc	Bank elanet,		
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MONTHLY SUPERVISION REPORT FOR	THE MONTH OF And 19 77.
Marrie: Shilling Danies	Court Name (il different)
PART A: RESIDENCE (If new addre	ess; attach copy of lease/purchase agreement)
Street Arimon, Ast Number	Home Phone: Pager Phone: Other Phone:
Clay, State, Zio Code:	Persons Uving with you: Mather
Corporation Own or Right	Did you plove during the month? ☐ Yes (1 No
mailing Address (if different):	If yes, date moved: Respon for Moving
PART B: EMPLOYMENT (If unem	ployed, list source of support under Part D)
Name, Address, Physic No. of Employer:	Name of immediate supervisor: Is your employer aware of your criminal status? See 1 No
<i>v</i>	How many days of work the you miss? Why?
	Position Held: Gross Income: Normal Work Hours:
Did you change jobs?	
	aff vehicles owned or driven by you)
1. Yearmake/model: Color: Color: All M.	1 1 1 1 1 1 1 1 1 1 1
2. Yearimake/model: Golof:	Tag Number: Gwner (
PART D: MONTHL	LY FINANCIAL STATEMENT
Net Income From Employment (Attach proof of earnings)	Past Due Debts: Amount Past Due:
(Attach proof of earnings) Other Income:	<i></i>
TOTAL MONTHLY INCOME ; -	
TOTAL MONTHLY EXPENSES	
Do you have a checking account?	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 o	
Date Amount Method of Pay	ment Description of Item

Were you questioned by any law enforcement officers?	Were you arrested or named as a defendant in any criminal case?
If yes, date:	☐ Yes ② No If yes, when & where?
Agency:	Charges:
Reason:	Disposition:
(Attach copy of citation	n, receipt, charges, disposition, etc.)
Were any pending charges disposed of during the month?	Was anyone in your household arrested or questioned by law enforcement
□ Yes Ci No	☐ Yes ☐ MO
If yes, date:	If yes, whom?
Court:	Reason:
Disposition:	Disposition:
Did you have any contact with anyone having a climinal record? ☐ Yes ☐ No	Did you possess or have access to a firearm?
. 152 () 140	L ICS DE IVO
If yes, whom?	If yes, why?
Did you possess of use any Illegal drugs?	Did you travel outside the district without permission?
☐ Yes ☑ No	☐ Yes 4 No
If yes, type of drug:	If yes, when and where?
Do you have a special assessment, restitution or fine?	☐ NoIf yes, amount paid during the month:
•	
Special assessment: Res	stitution Fine:
Special assessment: Res	
Special assessment: Res NOTE: ALL PAYMENTS TO BE MADE BY MONE Do you have community service work to perform?	Stitution Fine: EY ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
Special assessment: Res NOTE: ALL PAYMENTS TO BE MADE BY MONE Do you have community service work to perform? Yes O No Number of hours completed this month:	Prine: Y ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drug, alcohol or mental health aftercare?
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U.S. PROBATION OFFICE MONTHLY SUPERVISION REPORT FOR THE MONTH OF

	Name: Sally (sporpros)	Court Name (if different):
	PART A: RESIDENCE (If new address, a	ittach copy of lease/purchase agreement)
	Grant Address, Agr. Nymburg	Home Phone: Pager Phone: Other Phone:
	A	
	CW. State. Zip Cops.	Persons Living with you.
	ے	Will Muster
	Complexizated biological Own or Rent?	Did you move during the month? Yes ONo
	,	
	Mailing Address (If different):	If yes, date moved: Reason for Moving:
	, see	
	PART B: EMPLOYMENT (If unemploye	ed list source of support under Pari ûl
	Name, Address, Phone No. A Employer	Name of Immediate supervisor
		Is your employer aware of your criminal status? Yes No
	·	
- [<i>y</i>	How many days of work did you miss? Why?
- 1	}	
Ì		Position Held: Gross Income: . Normal Work Hours:
,	Did you change jobs? ☐ Yes ☐ No It changed jobs or terminated,	
	Ware you terminated?	
	PART C: VEHICLES (List all ve	
	1. Year/make/model: Color:	Tan Number . 1 Twom
	1) Nov MANIA	1/onay Annul
	2. Yestintekelmodel: Cold:	Tag Number: Owher:
	V	
	PART D: MONTHLY FI	NANCIAL STATEMENT
	Net Income From Employment	Past Due Debts: Amount Past Due:
	(A thoch amof of pamings)	
	Other Income:	
٠	. '>	
	TOTAL MONTHLY INCOME	
	TOTAL MONTHLY EXPENSES	
	Do you have a checking account? Yes P No	Do you have a savings account?
	□ 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.S. Probation Officer

	ONS OF SUPERVISION DURING THE PAST MONTH
Were you questioned by any law enforcement enficers? ☐ Yes ☐ Yo	Were you arrested or named as a defendant in any oriminal case?
If yes, date:	If yes, when & where?
Agency:	Charges:
Reason:	Diagosition
Reason:	Disposition:
	n, receipt, charges, disposition, etc.)
Were any pending charges disposed of during the month? ☐ Yes ☐ No	Was anyone in your household arrested or questioned by law enforcement? ☐ Yes ☐No
If yes, date:	If yes, whom?
Court:	Respons
	Reason:
Disposition:	_ Disposition:
Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?
☐ Yes ☑ No	[] Yes []KNo
If yes, whom?	If yes, why?
Did you possess or use any illegal drugs?	Did you travel outside the district without permission?
☐ Yes ☐ No	☐ Yes ☐ No
If yes, type of drug:	If yes, when and where?
· · · · · · · · · · · · · · · · · · ·	_ X
Do you have a special assessment, restitution or fine?	No—If yes, amount paid during the month:
	ap no in you, amount pare during the month.
•	-
Special assessment Re	stitutionFine:
	stitutionFine:
NOTE: ALL PAYMENTS TO BE MADE BY MON	stitutionFine: EY ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
NOTE: ALL PAYMENTS TO BE MADE BY MONI Do you have community service work to perform?	stitutionFine:
NOTE: ALL PAYMENTS TO BE MADE BY MONI Do you have community service work to perform? U Yes No	EY ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drug, alcohol or mental health aftercare?
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NOTE: ALL PAYMENTS TO BE MADE BY MONI Do you have community service work to perform? Yes No Number of hours completed this month: Number of hours missed:	EY ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drug, alcohol or mental health affercare? If yos, did you miss any sessions during this month? Did you fall to respond to phone recorder instructions?
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NOTE: ALL PAYMENTS TO BE MADE BY MONI 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)	EY ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drug, alcohol or mental health affercare?
NOTE: ALL PAYMENTS TO BE MADE BY MONITOR OF PROBATION, SUPERVISED RELEASE OR PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A \$250,000 FINE OR BOTH. (18 U.S.C. § 1001)	EY ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drug, alcohol or mental health aftercare?
NOTE: ALL PAYMENTS TO BE MADE BY MONI 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)	EY ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drug, alcohol or mental health aftercare?

- prob(6) and (7)(C)

U.S. PROBATION OFFICE MONTHLY SUPERVISION REPORT FOR THE MONTH OF

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	YLD	ACT	CU
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Name:	Court Name (if different):
Stilly Grown	
PART A: RESIDENCE (If new address	s, attach copy of lease/purchase agreement)
SPROBLACTOR Apr. Number 2	Horna Phore: Pager Phone: Other Phone:
Cyry, crate, Zip Code:	Persons Living with you:
	Did you move during the month? Yes Q No
Complex Sub-Rule Lawrence Complex Rent?	Did you move during the month?
Mailing Address (if different):	If yes, date moved: Reason for Moving:
Walling Sections (in Section 2)	
. PART B: EMPLOYMENT (if unempl	oyed, list source of support under Pari v)
Name, Address, Phone No. A Employer: /	Name of immediate supervisor. Js your employer aware of your
	ful maling criminal status? Yes No
11	How many days of work did you miss? Why?
1	
	Position Held: Gross Income: Normal Work Hours:
Did you change jobs?	1
trans you (Britishiator) I 103 II 109	vehicles owned or driven by you)
1. Year/meke/model: 1 Color: 4	Ton Mumber Owpers
- A Mr NAY Million	Danas SARREY
. 2. Year/make/model: Cold:	lag Number. Owner
PART D: MONTHLY	FINANCIAL STATEMENT
Net Income From Employment	Past Due Debts: Amount Past Due:
(Attach proof of earnings)	
Other Income:	
TOTAL MONTHLY INCOME 4, 5	
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 n	
Date Amount Method of Paying	
= 7	
	

U.S. Probation Officer

	PART E: COMPLIANCE WITH CONDITIONS	OF SUPERVISION DURING THE PAST MONTH
	Were you questioned by any law enforcement efficers?	Were you arrested or named as a defendant in any priminal case?
	☐ Yes ☐ No-	If yes, when & where?
	Agency:	Charges:
	Reason:	Disposition:
		ipt, charges, disposition, etc.)
	Were any pending charges disposed of during the month?	Was sayone in your bousehold arrested or questioned by law enforcement?
	☐ Yes ⊡∕No	☐ Yes ☐ No
	If yes, date:	If yes, whom?
	Court:	Reason:
	Disposition:	Disposition:
	Did you have any contact with anyone having a criminal record? □ Yes □ No	Did you possess or have access to a firsam?
	If yes, whom?	If yes, why?
	Did you possess or use any illegal drugs?	Did you travel outside the district without permission?
	☐ Yes ☐ No	☐ Yes ☐ No
	If yes, type of drug:	If yes, when and where?
		1
	Do you have a special assessment, restitution or fine?	If yes, amount paid during the month:
	Special assessment: Restitution	on Fine:
	NOTE: ALL PAYMENTS TO BE MADE BY MONEY OR	DER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
	Do you have community service work to perform? □ Yes □ No	Do you have drug, alcohol or mental health aftercare?
	Number of hours completed this month:	If yes, did you mise any sessions during/his month?
	Number of hours missed:	
	Balance of hours remaining:	Did you fall to respond to phone recorder instructions?
		If yes, why?
•	WAS DUBLO AND THE OTATINETIES MAY DECILET IN	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
	WARNING: ANY FALSE STATEMENTS MAY RESULT IN REVOCATION OF PROBATION, SUPERVISED RELEASE OR PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A	AND EQRRECT
	\$250,000 FINE OR BOTH.	1911 2000 100
	(18 U.S.C. § 1001)	SIGNATURE
	REMARKS:	RECEIVED:
		MeilOC
		нссс
		RETURN TO:
	9/7/2	1301 CLAY STREET, SUITE 220-S
	710/01	OAKLAND, CA 94612-2504

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REDACTED

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF MArch, 19 97.

	Name: Shelles James	Court Name (if different):
	PART A: RESIDENCE (If new address,	attach copy of lease/purchase agreement)
	Street Address. Act. Number	Home Phone: Other Phone:
	City, State. Zin Code	Persons Living with you:
	Complex/Subdivision: Own or Rent?	Did you move during tile month? Yes A No
	Mailing Address (if different):	If yes, date moved: Reason for Moving:
	PART B: EMPLOYMENT (If unemploy	red, list source of support under Part D)
	Name. Address, Phone No. of Employer.	Name of Immediate Supervisor: Supervisor: Is your employer aware of your criminal status? Yes Ne
		blow 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, were you terminated? ☐ Yes ☐ No state when and why:	
		ehicles owned or driven by you)
	1. Yearmake/model: Color: Color: Color: Color: Grant Tillo w	Tan Mumber - Manes Janes
	2. Yearmake/model: Color:	Tag Number: Owner:
	PART D: MONTHLY F	INANCIAL STATEMENT
	Net Income From Employment	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:
	List all purchases of Individual goods or services for which you paid \$500 or more	
	Date Amount Method of Paymen	
		· · · · · · · · · · · · · · · · · · ·

	PART E: COMPLIANCE WITH CONDITIONS (OF SUPERVISION DURING THE PAST MONTH
	Were you questioned by any law enforcement officers?	Were you arrested or named as a defendant in any criminal case?
	☐ Yes ☑ No	□ Yes SZNo
•	If yes, date:	If yes, when & where?
	Agency:	Charges:
	Agency.	Citarges
	Reason:	Disposition:
	(Attach copy of citation, recei	
	Were any pending ciraryes disposed of during the month?	Was anyone in your household arrested or questioned by law enforcement?
	☐ Yes 🐒 No	LI Yes LI No
	16 von dela	16 was subarra
	If yes, date:	If yes, whom?
	Court:	Reason:
	7	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Disposition:	Disposition:
•	Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?
	☐ Yes ☐ No	1
	U 165 14 00	☐ Yes →☐ No
	If yes, whom?	If yes, why?
	Did you possess or use any illegal drugs?	Did you travel outside the district without permission?
	☐ Yes ② NO	☐ Yes ☐ No
	M A d James	If yes, when and where?
	If yes, type of drug:	ti yes, witer and where?
		<u> </u>
	Do you have a special assessment, restitution or fine? ☐ Yes'	If yes, amount pald during the month:
	-	•
	Special assessment: Restitution	on Fine:
	NOTE: ALL PAYMENTS TO BE MADE BY MONEY ORD	DER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
	Do you have community service work to perform?	Do you have drug, alcohol or mental nealth aftercare?
	□ Yes □ No	-
	•	į
	Number of hours completed this month:	if yes, did you miss any sessions during this month?
	Number of hours missed:	Did you fall to respond to phone recorder instructions?
	Balance of hours remaining:	Yes D No
	palanes of floar to the first t	,
		If yes, why?
	WARNING: ANY FALSE STATEMENTS MAY RESULT IN	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
	REVOCATION OF PROBATION, SUPERVISED RELEASE OR	AND CORRECT.
	PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A	1/
	\$250,000 FINE OR BOTH.	HILL MOULE MARCE 97
	(18 U.S.C. § 1001)	STGNATURE
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:	1/9.5°	U. S. PROBATION OFFICE
) // · · ·	1301 CLAY STREET, SUITE 220-S
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:	•	OAKLAND, CA 94612-2504
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PROB 8 b(6) and (7)(C)

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U.S. PROBATION OFFICE MONTHLY SUPERVISION REPORT FOR THE MONTH OF April , 19 97.

	Name:	Court Name (if different):
	Phillip CAPTION	
	PART A: RESIDENCE (If new address, a	ittach copy of lease/purchase agreement)
	Elizat Address And Municipal	Home Phone: Pager Phone: Other Phone:
	Cit- State. Zip Code:	Persons Living with your . NANCCY -MON , 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:
		ed, list source of support under Part D)
ſ	Name, Address, Phone No. of Employer	Name of immediate supervisor: Is your employer aware of your criminal status? ☐ No
`		How many days of work did you miss? Why?
		Position Held: Gross Income: Normal Work Hours:
	Did you change jobs? ☐ Yes ☐ 10 ☐ 11 changed jobs or terminated,	sec
	Did you change jobs? Yes Y	Ofore
	PART C: VEHICLES (List all ve	
	1. Yearmake/model: \ South Color:	Tag Number: Owner: Manay Janus
i	2. Yearfmake/model: Oblor:	Tag Number: Owner
	PART D: MONTHLY FI	NANCIAL STATEMENT
	TART B. MONTHE CO	(
	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 Ao
	□ 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	1 a:
	Date Amount Method of Payment	Description of Item
	1	

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PART E: COMPLIANCE WITH CONDITION	NS OF SUPERVISION DURING THE PAST MONTH
Were you questioned by any law enforcement officers?	Were you arrested or named as a defendant in any criminal case?
□ Yes 况 No	□ Yes □ No
If yes, date:	If yes, when & where?
Agency:	Charges:
Reason:	Disposition;
(Attach copy of citation, a	receipt, charges, disposition, etc.)
Were any pending charges disposed of during the month?	Was anyone in your household arrested or questioned by law enforcement
· □ Yes No	U Yes Wes
If yes, date:	
II yes, upic.	
Court:	Reason:
Disposition:	Disposition:
Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?
□ Yes □ No	☐ Yes 😫 No
If yes, whom?	If yes, why?
Did you possess or use any lilegal drugs?	Did you travel outside the district without permission?
Li les Upro	
If yes, type of drug:	If yes, when and where?
Special assessment: Resti	No—If yes, amount paid during the month: tution Fine:
Special assessment: Resti	No-If yes, amount paid during the month:
Special assessment: Resti	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
Special assessment: Resti	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drug, alcohol or mental health aftercare?
Special assessment: Resti NOTE: ALL PAYMENTS TO BE MADE BY MONEY Do you have community service work to perform?	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
Special assessment: Resti	To—If yes, amount paid during the month: tution Fine: ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drug, alcohol or mental health aftercare? If yes, did you miss any sessions during this month?
Special assessment: Resti	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drug, alcohol or mental health aftercare?
Special assessment: Resti	If yes, amount paid during the month: tution Fine: ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drug, alcohol or mental health aftercare? If yes, did you miss any sessions during this month? Did you tall to respond to phone recorder instructions? □ Yes □ No
Special assessment: Resti	The—If yes, amount paid during the month: tution Fine: ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drug, alcohol or mental health aftercare? If yes, did you miss any sessions during this month? Did you tall to respond to phone recorder instructions?
Special assessment: Resti	If yes, amount paid during the month: tution Fine: ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drug, alcohol or mental health aftercare? If yes, did you miss any sessions during this month? Did you fall to respond to phone recorder instructions? Yes No If yes, why?
Special assessment: Resti	If yes, amount paid during the month: tution Fine: ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drug, alcohol or mental health aftercare? If yes, did you miss any sessions during this month? Did you fall to respond to phone recorder instructions? Yes No If yes, why?
Special assessment: Resti	If yes, amount paid during the month: tution
Special assessment: Resti	If yes, amount paid during the month: tution
Special assessment: Resti	If yes, amount paid during the month: tution
Special assessment: Resti	If yes, amount paid during the month: tution
Special assessment: Resti NOTE: ALL PAYMENTS TO BE MADE BY MONEY 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)	TWO—If yes, amount paid during the month: tution
Special assessment:	In the second of the month: The second of the month: The second of the month: The second of the month of the second of the month of the second of the month of the second of the seco
Special assessment:	TWO—If yes, amount paid during the month: tution
Special assessment: Resti	TWO—If yes, amount paid during the month: tution
Special assessment: Resti	TOP—If yes, amount paid during the month: tution
Special assessment:	In the second se
Special assessment:	TWO—If yes, amount paid during the month: tution
Special assessment:	Tho—If yes, amount paid during the month: tution
Special assessment:	TWO—If yes, amount paid during the month: tution
Special assessment:	TWO—If yes, amount paid during the month: tution

PROB 8 (Rev. 6/91)

b(6) and (7)(C)



U.S. PROBATION OFFICE MONTHLY SUPERVISION REPORT FOR THE MONTH OF

PHTILID (-ADD. 1)	
PHILLIP CAPPRIDO	
PART A: RESIDENCE (It new addre	ss, attach copy of leaselpurchase agreement)
Speci Address A. A. Al.	Home Phona: Perce George Other Phone:
City State, Zip Code:	Persons Living with your
ony amin the ordin	NANCY
Complexionation: Own or Rent?	Cru you move during the month? Yes
Malling Address (ill different)	If yes, date moved: Reason for Moving:
	}
PART B: EMPLOYMENT (If unemp	oloyed, list source of support under Part D)
Name, Address, Phone No. of Employer.	Name of immediate supervisor: Is your employer aware of your ortminal status? Yes No
	How many days of work dld you miss?
	Position Held: Gross Income: Normal Work Hours:
Did you change jobs?	,
PART C: VEHICLES (List a	ill vehicles owned or driven by yard
1. Year/make/model; Color: Color:	Tag Number: Owner:
2. Year/make/model: Color:	Tag Number:
PART D: MONTHL	Y FINANCIAL STATEMENT
FAM D. MONTIL	T INANOAL 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 Yes	Do you have a savings account?
□ 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 Payr	nent Description of Item

	IS OF SUPERVISION DURING THE PAST MONTH
Were you questioned by any law enforcement officers? ☐ Yes D No	Were you arrested or named as a defendant in any arminal case?
If yes, date:	☐ Yes ☑ No If yes, when & where?
Agency:	Charges:
Agency:	Charges.
Reason:	Disposition:
(Attach copy of citation, re	eceipt, charges, disposition, etc.)
Were any pending charges disposed of during the mouth?	Was anyone in your household arrested or questioned by law enforcement?
☐ Yes 12 No	☐ Yes ☐ No .
If yes, date:	If yes, whom?
	\wedge
Court:	Reason:
Disposition:	Disposition:
Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?
□ Yes No	· · □ Yes □ No
If yes, whom?	If yes, why?
•	
Did you possess or use any illegal drugs?	Did you travel outside the district without permission?
if yes, type of drug:	If yes, when and where?
	ution Fine:
NOTE: ALL PAYMENTS TO BE MADE BY MONEY C	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
Do you have community service work to perform?	Do you have drug, alcohol or mental health attacare?
☐ Yes 🗹 No	
Number of hours completed this month:	If yee, did you miss any sessions during this month?
Number of hours missed:	·
	Did you fall to respond to phone recorder instructions?
Balance of hours remaining:	☐ Yes ☐ Nó
•	If yes, why?
WARNING: ANY FALSE STATEMENTS MAY RESULT IN	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
REVOCATION OF PROBATION, SUPERVISED RELEASE OR	AND CORRECT.
PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A	I de la Loon
\$250,000 FINE OR BOTH. (18 U.S.C. § 1001)	Mu. 30m 519/
(10 00.0.3 100)	SIGNATURE DATE
REMARKS:	RECEIVED:
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	RETURN TO:
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·	U.S. PROBATION OFFICE
	1 2/11 / I A V EVENES ESTATE DE SETEMBLES CON ES
9/4	1301 CLAY STREET, SUITE 220-S OARLAND, CA 94612-2504

PROB 8 (Rev. 8/91)

b(6) and (7)(Cs) PROBATION OFFICE MONTHLY SUPERVISION REPORT FOR THE MONTH OF

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Name:	Court Name (if different):
PHILLIP CARRIDO	South the amount of
	ess, attach copy of lease/purchase agreement)
Street Address, Apt. Number:	Horr Other Phone:
1	Persons Living with you:
	HANCY
Complex/Subdivision: Own or Rent?	Old you move during the month? Yes THO
Malling Address (if different):	If yes, date moved: Reason for Moving
PART B: EMPLOYMENT (If unem.	ployed, list source of support under Part D)
Name, Address, Phone No. of Employer:	Name of immediate supervisor: Is your employer aware of your
	ortminal status?
1	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 terminat Were you terminated? ☐ Yes ☐ No state when and why:	ed,
11070 700 (0.1)111100000	all vehicles owned or driven by you)
1. Year/make/model: Color/	Tag Number:
81 for Escort IEllow 2 Yestinology Color:	Owner:
PART D: MONTHL	Y FINANCIAL STATEMENT
Net income From Employment (Attach proor of earnings)	Past Due Debts: Amount Past Due:
Other Income: 37	
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	r more;
Date Amount Method of Pay	ment Description of Item
<u> </u>	

COMPLIANCE WITH CONDITIONS OF SUPERVISION DURING THE PAST MONTH Were you arrested or named as a defendant in any criminal case? Were you questioned by any law enforcement efficers? ☐ Yes No No □ Yes □ No If yes, when & where?_ If yes, date: _ Agency: Charges: · Disposition: /(Attach copy of citation, receipt, charges, disposition, etc.) Were any pending charges disposed or during the month? Was anyone in your household arrested or questioned by law enforcement? EV No ☐ Yes LI, NO ☐ Yes Disposition: Disposition: ___ Did you have any contact with anyone having a criminal record? Did you possess or have access to a firearin? ☐ Yes ☐ No If yes, why?_ If yes, whom? __ Did you travel outside the district without permission? Did you possess or use any illegal drugs? ☐ Yes ☑ No ☐ Yes ☐ No If yes, type of drug: _ If yes, when and where?_ Do you have a special assessment, restitution or fine? ☐ Yes ☐ No—If yes, amount paid during the month: Restitution ____ Fine: Special assessment: ... NOTE: ALL PAYMENTS TO BE MADE BY MONEY ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drug, alcohol or mental health aftercare? Do you have community service work to perform? ☐ Yes 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? ☐ Yes ☐ No. Batance of hours remaining: If yes, why? WARNING: ANY FALSE STATEMENTS MAY RESULT IN I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE REVOCATION OF PROBATION, SUPERVISED RELEASE OR PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A \$250,000 FINE OR BOTH. (18 U.S.C. § 1001) DATE RECEIVED: REMARKS: Mali RECEIVED HC -RETURN TO: 327 1 4 1997 U.S. PROBLYTON OFFICE ECONOMISSION CANAN CANONICO U. S. PROBATION OFFICE 1301 CLAY STREET, SUITE 220-S OAKLAND, CA 94612-2504

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	TION OFFICE	7 /	97
MONTHLY SUPERVISION REPORT FOR TH	IE MONTH OF \subseteq	fully	
Name:	Court Name (If different):	V	
GARRIDS MILLIP	Same	1	
PART A: RESIDENCE (If new address,		urchase agreement)
Street Address Act Number	Home Phone:	Pager Phone:	Other Phone:
City Stele 7in Care	Persons Liying with you:		
and and any service of the service o	and the control of th	-Mon -	HOARY- WH
Complex/Subdivision: Own/or Rent?	Did you move auring the	rnonth? [] Yes []	NO NO
Melling Addresse at auto-	If yes, date moved:	!.!	::Reason for Moving
			•
PART B: :EMPLOYMENT (If unemplay	red, list source of supp	ort under Part Di	
Address Phone Africa Structure	Name of Immediate super	rvisor: /	employer aware of your
	SELF- E		u status? [] Yes [] No
· And the state of	How many days of work of	ild you miss?	Why?
		. (
		_ Klo Kl	
	Position Held:	Gross Income:	Normal Work Hours:
<u> </u>			-
Did you change jobs?		• .	
	ehicles owned or drive	a by you)	
1. Year/make/madei: Color: /	Tag Number:	Owner:	1-1
I top Benet Villow		KLAN	icf
2. Year/make/model: Color.	ag Rumoer.	Омпес	·
• '			
PART D: MONTHLY F	NANCIAL STATEMEN	T	· · · · · · · · · · · · · · · · · · ·
	Dank Sun Dahan		
Net income From Employment (Attach proof of earnings)	Past Due Debts:	<u>.</u> .	Amount Past Due:
· · · · · · · · · · · · · · · · · · ·			
Other Income:	I		- A/-
TOTAL MONTHLY INCOME.			X
TOTAL MONTHLY EXPENSES			

Do you have a savings account?

Yes No Do you have a checking account? < Yes D ☐ Individual ☐ Joint Balance: _ ☐ Individual ☐ Joint Balance: Bank Name: List all purchases of individual goods or services for which you paid \$500 or more: AUG 1 3 1997

Date	Amount	MELLIOG OF TAYINGILL
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U.S. Proberton Stops
Northern U.S. Care Cakland

	b(6) SAH E COMPLIANCE WITH CONDITIONS	OF SUPERVISION DURING THE PAST MONTH
٠.	Were you questioned by any law enforcement officers?	Were you arrested or named as a detendant in any eriminal case?
	If yes, date:	If yes, when & where?
	^ · · ·	2
	Agency:	Charges:
	Reason:	Disposition:
	(Attach copy of citation, rece	elpt, charges, disposition, etc.)
	Were any pending charges disposed of during the month?	Was anyone in your household arrested or questioned by law enforcement?
	☐ Yes ☐ No	Yes Lino
	- Il-yes, date:	If yes, whom?
	Court:	Reason:
	Disposition:	Disposition:
	Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?
	□ Yes 12 No :	☐ Yes ☐ No
	If yes, whom?	If yes, why?
	Did you possess or use any Illegal drugs?	Did you travel outside the district without permission?
	☐ Yes th No	☐ Yes 🖼 No
	If yes, type of drug:	If yes, when and where?
	X). <i>U</i> .
	Do you have a special assessment, restitution or line?	If you amount pold during the trouthy
	Do you have a special assessment, restitution of tine?	If yes, amount paid during the motion
٠	Special assessment: Restitution	on Fine:
· <u></u>	NOTE: ALL PAYMENTS TO BE MADE BY MONEY OR	DER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
	Do you have community service work to perform?	Do you have drug, alcohol or mental health aftercape!
	☐ Yes 💆 No	
	Number of hours completed this month:	if yes, did you miss any sessions during this month?
	-/	
	Number of hours missed:	Did you fall to respond to phone recorder instructions?
	Balance of hours remaining:	☐ Yes ☐ No
		If yes, why?
	WARNING: ANY FALSE STATEMENTS MAY RESULT IN REVOCATION OF PROBATION, SUPERVISED RELEASE OR	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT.
	PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A	DI I Som a styles
	\$250,000 FINE OR BOTH. (18 U.S.C. § 1901)	1 Silve Saller 8/6/97
		MGNATURE DATE
	REMARKS:	RECEIVED:
	•	MailOC
		HC · · · CC
	. •	
		RETURN TO:
		U. S. PROBATION OFFICE
		1301 CLAY STREET, SUITE 220-S
		OAKLAND, CA 94612-2504
	31:1	
	0/19/9	

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U.S. PROB MONTHLY SUPERVISION REPORT FOR 1	THE MONTH OF MANUSER 18/1997
Hullip C Havido	Court Note in differents: AL. S. PROBATION OFFICE INC. ATHYEN DIST. CALIF.
PART A: RESIDENCE (If new address	s, attack copy of leasel furchase agreement)
Street Address Ant Number	Home Phone: Other Phone:
	Persons Living with your/
د نیاز چنامه در به در این بیشت به از دیگر دیگر دیگر دیگر دیگر در	
Complex/Subdivision: Own or Rent?	Did you move during the month? \(\) Yes 1 \(\) No
Compression of rolling	ord you move during the months of the
Meling Address (If different):	if yes, date moved: Resson for Moving:
Meanity Address (if different).	
	loyed, list source of support under Part D)
Name, Address, Phone No. of Employer./	Name of Immediate supervisor. jis your employer aware of your
. •	Dell fright criminal status? Tes 1 No
· · · · · · · · · · · · · · · · · · ·	How menty days of work did you thiss? Why?
	Nova:
	Position Held: Gross Income: Normal Work Hours:
Did you change jobs? Yes No If changed jobs or terminated Were you terminated? Yes No state when and why:	
	t-halon annual of divine bureau
1. Year/make/model: // Color	Twe Number Owners
Dorce last Cosin	Mancy Huns
2. Year/make/model: Color:	Tag Number: Owner:
\cdot	
PART D: MONTHLY	FINANCIAL STATEMENT
Not Income From Employment	Past Due Debts: Amount Past Due:
Net Income From Employment (Attach proof of earnings)	4
Other Income:	
TOTAL MONTHLY INCOME	\
TOTAL MONTHLY EXPENSES	
Do you have a checking account?	Do you have a savings account? Yes
☐ 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 m	
Date Amount Method of Payme	ent Description of Item
	
	/

	PART E: COMPLIANCE WITH CONDITIONS	S OF SUPERVISION DURING THE PAST MONTH	
	Were you questioned by any law enforcement officers? ☐ Yes ☐ No	Were you arrested or named as a defendant in any criminal case? C Yes 72 No	
	If yes, date:	If yes, when & where?	
	Agency:	Charges:	
	Reason:	Disposition:	
	(Attach copy of citation, rec	eipl, charges, disposition, etc.)	
	Wate way panding charges disposed of during the month?	Was anyone in your household arrested or questioned by law enforcement?	
	☐ Yes ☐ No	U Ym U W	==
	If yes, date:	If yes, whom?	
	Court:	Reason:	
	Disposition:	Disposition:	
٠	Did you have any contact with anyone having a criminel record?	Did you possass or have access to a finerrin?	
	If yes, whom?	If yes, why?	
	Did you possess or use any filegal drugs?	Did you travel outside the district without permission?	
	☐ Yes ☐ No	□ Yes □ŁNo	
	If yes, type of drug:	If yes, when and where?	
	is yes, type of drug.	il yes, when allo where:	
	Do you have a special assessment, restitution or fine? Yes A	-If.yes, amount paid during the month:	
		ion Fine:	
•	•		
	NOTE: ALL PAYMENTS TO BE MADE BY MONEY OR	IDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.	
	Do you have community service work to perform? □ Yes □ No	Do you have drug, alcohol or mental health aftercare?	_
	☐ Yes ☐ No	<u>-</u>	
	Number of hours completed this month:	If yes, did you miss any sessions during this month?	
	Number of hours missed:	Did you fall to respond to phone recorder instructions?	_
	Balance of hours remaining:	□ Yes □ No	
		If yes, why?	
	WARNING: ANY FALSE STATEMENTS MAY RESULT IN	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE	•
	REVOCATION OF PROBATION, SUPERVISED RELEASE OR	ANDSORINEST	
	PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A \$250,000 FINE OR BOTH.	1 Hall & Value 9/12/57	
	(18 U.S.C. § 1001)	SIGNATURE	
	REMARKS:	RECEIVED:	
		MailOC	
	·	,	
-		RETURN TO:	
	•		
		U. S. PROBATION OFFICE VI	
		1301 CLAY STREET, SUITE 220-S	
	,	OAKLAND, CA 94612-2504	
	0/14.		
	U.S. Probation Officer Date	RECEIVED	
		8.48. V 4 1 1 1	

PROB 8 (6) and (7)(C)

Name HILLIP Com	reio	Court Name (il differe	ent):	
		ess, attach copy of lease	elourchase an	reement)
Court Addresde Ant Nimble:		Home Phone:	Pager P	
			4	
01.00		Persons Living with yo	ou:	
	_	Tuilo	m	rother.
Complex/Subdivision:	Own or Rent?	· Dld you move during t	the month?	Yes D No
Mailing Address (if different):		If yes;:date moved:		
· .				
TART, E:	EMPLOYMENT (# tinen	nployed, list source of si	ipport under-	Part D)
Name, Address, Phone No. of Employer:	. •	Name of immediate su	pervisor.	ls your employer aware of you
				criminal status? 2 765
		How many days of wo	rk did you miss?	Why?
		Position Held:	Gross Incom	-
		Posaion neid.	Gross incon	ne: Normal Work Hours:
Did you change jobs? Yes No	If changed jobs or termina	tad .		
Were you terminated? ① Yes ② No	state when and why:			
. PA	RT C: VEHICLES (List	all vehicles owned or dri	iven by you)	,
1. Yearlmake/model:	Colos			
7		Tao Number:	Owner	0
DODGE VAW	Gray	Tao Number	T Owner	PANAL GA
9)	Color:	Tag Number:	Owner	PANAL GA
DOSGE VAW	Color:	Tag Number:	Owner	PANAL GA
DOSGE VAW	Color:		Owner	PANAL GA
DOSGE VAW	Color:	Tag Number:	Owner	PANAL GA
Dob GE V Au 2. Year/make/model:	Color:	Tag Number:	Owner	PANAL GA
2. Year/make/model: Net Income From Employment	Color:	Tag Number:	Owner	PANAL GA
2. Year/make/model: Net Income From Employment (Attach proof of earnings) Other Income:	Color:	Tag Number:	Owner	PANAL GA
2. Year/make/model: Net Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME	Color:	Tag Number:	Owner	PANAL GA
2. Year/make/model: Net Income From Employment (Attach proof of earnings) Other Income:	Color:	Tag Number:	Owner	PANAL GA
2. Year/make/model: Net Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME	Color: PART D: MONTH	Tag Number:	Owner	Amount Past Di
2. Year/make/model: Net Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? (IVes	Color: PART D: MONTH	Tag Number: LY FINANCIAL STATEMI Past Due Debts: Do you have a sevings	Owner:	Amount Past Di
2. Year/make/model: Net Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? (Dives	Color: PART D: MONTH	Tag Number: LY FINANCIAL STATEMI Past Due Debts:	Owner	Amount Past Di
2. Year/make/model: Net Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? (IVes	Color: PART D: MONTH	Tag Number: LY FINANCIAL STATEMI Past Due Debts: Do you have a sevings	Owner:	Amount Past Di
2. Year/make/model: Net Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? ID Yes Individual I Joint Bala	Color: PART D: MONTH	Tag Number: LY FINANCIAL STATEMI Past Due Debts: Do you have a sevings Individual	Owner:	Amount Past Di
2. Year/make/model: Net Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? (Divesting account) Individual Individual Incomes Bank Name: Bank African Company (Divesting account)	PART D: MONTH	Tag Number: LY FINANCIAL STATEMI Past Due Debts: Do you have a sevings Individual Bank Name: Accordit Limber:	Owner: ENT - account? Your account. Your	Amount Past Do
2. Year/make/model: Net Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? ID Yes Individual ID Joint Bala Bank Name: BANK OK Account Number:	Color: PART D: MONTH No Ince: HM LTL (19) ces for which you paid \$500 or	Past Due Debts: Do you have a sevings Individual Bank Name: According Imper	Owner: ENT - account? Your account. Your	Amount Past Do
2. Year/make/model: Net Income From Employment (Attech proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? ID/es Individual I Joint Bala Bank Name: BANK OK	PART D: MONTH	Tag Number: LY FINANCIAL STATEMI Past Due Debts: Do you have a sevings Individual Bank Name: According univer: Timore:	Owner: ENT account? Your property of the p	Amount Past Dr
2. Year/make/model: Net Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? ID Yes Individual ID Joint Bala Bank Name: BANK OK Account Number:	Color: PART D: MONTH No Ince: HM LTL (19) ces for which you paid \$500 or	Tag Number: LY FINANCIAL STATEMI Past Due Debts: Do you have a sevings Individual Bank Name: According univer: Timore:	Owner: ENT - account? Your account. Your	Amount Past Dr

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PART E: COMPLIANCE WITH CONDITIONS	OF SUPERVISION DURING THE PAST MONTH
Were you questioned by any law enforcement officers? ☐ Yés ⑤ No	Were you arrested or named as a defendant in any criminal case?
If yes, date:	Were you arrested or named as a defendant in any oriminal case? [No If yes, when & where?
Agency:	
	Charges:
Reason:	Disposition:
(Attach copy of citation, rec	eipt, chaiges, tdisposition, etc.):
Wore any pending charges disposed of during the month?	Was anyone in your household arrested or questioned by law enforcement?
☐ Yes ☐ Mo	Yes Dive
If yes, date:	If yes; whom?
Court	Reason:
Disposition:	Disposition:
Did you have any contact with anyone having a criminal record?	Oid you possess or have access to a firearm?
Ci Yes 12 No	☐ Yes ☐ No
If yes, whom?	If yes, why?
Did you possess or use any illegal drugs?	Did you travel outside the district without permission?
□ Yes □ No	☐ Yes ∠No
If yes, type of drug:	If yes, when and where?
Do you have a special assessment, restitution or fine?	-If yes, amount paid during the month:
Do you have a special assessment, restitution of time?	if yes, amount paid during the month:
Special assessment: Restituti	on Fine;
NOTE: ALL PAYMENTS TO BE MADE BY MONEY OR	DER (POSTAL OR BANK) OR CASHIEH'S CHECK ONLY.
Do you have community service work to perform?	Do you have drug, alcohol or mental health aftercare?
Yes & No	The state of the s
Number of hours completed this month:	If yes, did you miss any sessions during this month?
	it yes, did you miss any sessions during this month.
Number of hours missed:	Did you fell to exposed to phone seconder leaf
Balance of hours remaining:	Did you fall to respond to phone recorder instructions? ☐ Yes ☐ No
•	
···	If yes, why?
WARNING: ANY FALSE STATEMENTS MAY RESULT IN	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
REVOCATION OF PROBATION, SUPERVISED RELEASE OR	AND CORRECT.
PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A	Police of all the standard
(18 U.S.C. § 1001)	SIGNATURE DATE
REMARKS:	RECEIVED:
, and the state of	
•	MailOC
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<u>.</u>	RETURN TO:
	RETURN TO:
	U. S. PROBATION OFFICE
	U. S. PROBATION OFFICE 1301 CLAY STREET, SUITE 220-S
Intales	U. S. PROBATION OFFICE

PROB (6) and (7)(C)

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U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF Detaber, 19 97.

philip yarra	Court Name (If different):
PART A: RESIDENCE (If new addres	ss, attach copy of lease/purchase agreement)
Street Address, Apt. Number:	Home Phone: Other Phone:
	Persons Living with you:
Complex/Subdivision: Own or Rent?	Did you model during the month? ☐ Yes ③-No
Mailing Address (if different):	If yes, date moved: Reason for Moving:
PART B: EMPLOYMENT (If unemp	loyed, 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? (If Yes No
	How many days of work dld you miss? Why?
	Position Held: Gross Income: Normal Work Hours:
Did you change jobs? ☐ Yes ☐ No ☐ If changed jobs or terminated	d,
Were you terminated? ☐ Yes ☐ No state when and why:	Il vehicles owned or driven by you)
1. Yearmakelmodel: Color. 81 DobGE Vtw OREP	Tag Number: 10wner: NANCY GARREDO
2. Yearimake/model: Octon	lag Number: Owner:
PART D: MONTHLY	FINANCIAL STATEMENT
Net Income From Employment (Attach proof of earnings)	Past Due Debts: Amount Past Due:
Other Income:	7
TOTAL MONTHLY INCOME	
TOTAL MONTHLY EXPENSES	RECEIVE
Do you have a checking account? 17 Yes	Do you have a savings account? U Yes 77.10
Bank Name: BANK of America	Bank Name: U.S.PRO
Account Number:	Account Number: Owners
List all purchases of individual goods or services for which you paid \$500 or n	
Date Amount Method of Paym	ent <u>Description of Item</u>

PART E: COMPLIANCE WITH CONDITIONS	S OF SUPERVISION DURING THE PAST MONTH
Were you questioned by any law enforcement officers?	Were you arrested or named as a defendant in any criminal case?
☐ Yes ☐ No	If yes, when & where?
Agency:	Charact
Agency.	Charges:
Reason:	Disposition:
(Attach copy of citation, re-	ceipt, charges, disposition, etc.)
Were any pending charges dispused of during the month?	Was anyone in your household arrested or questioged by law enforcement?
U Yes LL No	D Yes 19-No
	Hyes whom?
	Reason:
Court:	
Disposition:	Disposition:
Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?
☐ Yes 10 No	☐ Yes ☐ No
tf yes, whom?	If yes, why?
Did you possess or use any illegal drugs?	Did you travel outside the district without permission?
☐ Yes Ŵ No	☐ Yes ☐ No
If yes, type of drug:	If yes, when and where?
Do you have a special assessment, restitution or fine?	o-If yes, amount paid during the month:
Special assessment: Restitut	tionFine:
NOTE: ALL PAYMENTS TO BE MADE BY MONEY O	RDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
Do you have community service work to perform?	Do you have drug, alcohol or mental health aftercage?
Do you have community service work to periodic:	
	1
Number of hours completed this month:	If yes, did you miss any sessions during the
Number of hours missed:	
	Did you fail to respond to phone recorder instructions?
Balance of hours remaining:	☐ Yes ☐/No
·	if yes, why?
WARNING: ANY FALSE STATEMENTS MAY RESULT IN	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
REVOCATION OF PROBATION, SUPERVISED RELEASE OR	AND CORRECT.
PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A	
	Philadelle
(18 U.S.C. § 1001)	BIGNATURE DATE
REMARKS:	RECEIVED:
	Mail OC
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• •	W
	RETURN TO:
	U.S. PROBATION OFFICER
•	1301 CLAY ST., #220S
· A ,	OAKLAND, CA 94612
13h2h	
Ju A	

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U.S. PROBATION OFFICE MONTHLY SUPERVISION REPORT FOR THE MONTH OF 19 97.

Name: D1	Court Name (if different):
PHILLIP (DANAGE	
PART A: RESIDENCE (If new add	fress, attach copy of lease/purchase agreement)
Street Aridrase Ant Mumbar	Home Phone: Other Phone: Other Phone:
City, State, Zio Code:	Persons Living with you:
	- William Andrea
Complex/Subdivision: Own or Rent?	Old you move during the month? Yes Cr No
Mailing Address (if different):	If yes, date moved: Reason for Moving:
PART B: EMPLOYMENT (If une	mployed, list source of support under Part D)
Alama Address Phone No. of Employer:	Name of immediate europylene
	SHS-Employer aware of your criminal status? The No
	_
	How many days of work did you miss? Why?
<u></u>	Position Held: Gross Income: Normal Work Hours:
	SEL-En
Did you change jobs? Ves C No If changed jobs or termin	
Were you terminated? ☐ Yes ☐ No state when and why:	
	t all vehicles owned or driven by you)
1. Year/make/model:	Tad Number: Owner:
81 DODGE VAME (OREY	MANCY CANCELLE
2. Year/make/model: Color:	Tag Number Owner:
PART D: MONTH	HLY FINANCIAL STATEMENT
Net Income From Employment	Past Due Debts: Amount Past Due:
(Attach proof of earnings)	
Other Income:	
· · · · · ·	
TOTAL MONTHLY INCOME	
TOTAL MONTHLY EXPENSES	
Do you have a checking account? ☐ Yes ☐ No	Do you have a savings account? Yes G No
•	
☐ Individual ☐ Joint Bayance:	Individual Balance:
Bank Name: BANK Of AMENICAN	Bank Name:
	HALL A WIND
Account Number:	Account Number: Account Number:
List all purchases of Individual goods or services for which you paid \$500	NORTH
Date Amount Method of Po	ayment Description of Item
•	410
•	
	<i>f</i>

PARTE. COMPLIANCE WITH CONDITIO	1 Marian Control of the Control of t
Were you questioned by any law enforcement officers?	Were you arrested or named as a defendant in any criminal case?
· □ Yes □ No ·	. E Yes DANO
If yes, date:	If yes, when & where?
Agrang	
Agency:	Charges:
Reason:	Disposition
	Disposition:
(Attach copy of citation,	receipt, charges, disposition, etc.)
Were any pending charges disposed of during the month:	Was envone in your household arrested or questioned by law enforcement?
☐ Yes ☐ No	☐ Yes ☐-No
10 mm 1 mm 1 mm 1 mm 1 mm 1 mm 1 mm 1 m	
Hryes, date:	If yes, whom?
Court:	
Count	Reason:
Disposition:	Disposition:
	Disposition.
Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearin?
☐ Yes ☐ No	☐ Yes ☐—No
If yes, whom?	If yes, why?
Did you possess or use any illegal drugs?	Did you travel outside the district without permission?
	1
☐ Yes Of No	☐ Yes ②☐-No
If yes, type of drug:	If yes, when and where?
Just Alea at stall	
<u> </u>	
Do you have a special assessment, restitution or fine?	No-If yes, amount paid during the month:
to the lists a special assessment, leading of time;	1. José milonie bras during the Hottile
Special assessment: Resti	tution Fine:
,	
NOTE: ALL PAYMENTS TO BE MADE BY MONEY	ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
	The second standard second by the second sec
Do you have community service work to perform?	Do you have drug, elcohol or mental health aftercare?
☐ Yes ☑ No	
 	
	Were the wormer and accident during this month?
Number of hours completed this month:	If yes, did you miss any sessions during this month?
Number of hours completed this month:	
	Did you fall to respond to phone recorder instructions?
Number of hours completed this month:	Did you fall to respond to phone recorder instructions? ☐ Yes ☐ No
Number of hours completed this month: Number of hours missed:	Did you fall to respond to phone recorder instructions? □ Yes □ No
Number of hours completed this month: Number of hours missed:	Did you fall to respond to phone recorder instructions? ☐ Yes ☐ No
Number of hours completed this month: Number of hours missed: Balance of hours remaining:	Did you fall to respond to phone recorder instructions? ☐ Yes ☐ No If yes, why?
Number of hours completed this month: Number of hours missed: Balance of hours remaining: WARNING: ANY FALSE STATEMENTS MAY RESULT IN	Did you fall to respond to phone recorder instructions? Yes I No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
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	Did you fall to respond to phone recorder instructions? ☐ Yes ☐ No If yes, why?
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	Did you fall to respond to phone recorder instructions? Yes INO If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT.
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.	Did you fall to respond to phone recorder instructions? Yes II No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
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	Did you fall to respond to phone recorder instructions? Yes II No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT.
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)	Did you fall to respond to phone recorder instructions? Yes II No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT.
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.	Did you fail to respond to phone recorder instructions? Yes IV No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. DATE
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)	Did you fall to respond to phone recorder instructions? Yes IN No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. DATE
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)	Did you fall to respond to phone recorder instructions? Yes IN No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE DATE RECEIVED: Mail OC
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)	Did you fall to respond to phone recorder instructions? Yes INO If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SCHARURE DATE
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)	Did you fall to respond to phone recorder instructions? Yes JNo If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE Mail OC HC CC
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)	Did you fall to respond to phone recorder instructions? Yes INO If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE DATE RECEIVED: Mail OC
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)	Did you fall to respond to phone recorder instructions? Yes Di No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE DATE Mail OC HC CC
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)	Did you fall to respond to phone recorder instructions? Yes No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE Mail OC HC CC RETURN TO
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)	Did you fall to respond to phone recorder instructions? Yes No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE Mail OC HC CC RETURN TO
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)	Did you fall to respond to phone recorder instructions? Yes INO If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SCHATURE DATE RECEIVED: HC CC RETURN TO PROBATION OFFICER
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:	Did you fall to respond to phone recorder instructions? Yes
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:	Did you fall to respond to phone recorder instructions? Yes INO If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SCHATURE DATE RECEIVED: HC CC RETURN TO PROBATION OFFICER
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:	Did you fall to respond to phone recorder instructions? Yes
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)	Did you fall to respond to phone recorder instructions? Yes
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:	Did you fall to respond to phone recorder instructions? Yes INO If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SMARTURE DATE RECEIVED: Mail OC HC CC RETURN TO: U.S. PROBATION OFFICER 1 301 CLAY ST., #220S

PROB (6) and (7)(C)

PHUP CAMUSO	Court Name (il different):
	address, attach copy of leaselpurchase agreement)
Const Address for Northern	Home Phone: Other Phone: Other Phone:
Çity, State, Zip Coder -	Persons Living with you:
,	WHE Thocher
Own or Rent?	Did you move during the month? I Yes D No
	If yes, date moved: Reason for M
Mailing Address (if different):	
	unemployed, list source of support under Part D)
Name, Address, Phone No. of Employer	Name of immediate supervisor: is your employer aware of your
·	SEIT EMPLAY criminal status? Yes
,	How many days of work did you miss? Why?
·	Position Heid: Gross Income: Normal Work Hours:
	Self
Did you change jobs? Yes Who If changed jobs or te	
Nere you terminated? Yes No state when and why	
	(List all vehicles owned or driven by you)
. Year/make/model: Color:	Tan Number. Owner.
2 Year/make/model: Color:	NAUCY CARRY
E Teamtakemoder, Color:	lag studies: Owner.
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DAGT D. MO	AUTHUN CINIANICIAS COTATENACHO
PART D: MO	NTHLY FINANCIAL STATEMENT
Net Income From Employment	NTHLY FINANCIAL STATEMENT Past Due Debts: Amount Past Due
	Past Due Debts: Amount Past Due
Net Income From Employment	Past Due Debts: Amount Past Due
Net Income From Employment (Attach proof of earnings) Other Income:	Past Due Debts: Amount Past Due
Net Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME	Past Due Debts: Amount Past Due
Net Income From Employment (Attach proof of earnings) Other Income:	
Net Income From Employment (Attach proof of earnings) Other Income: FOTAL MONTHLY INCOME FOTAL MONTHLY EXPENSES	Past Due Debts: Amount Past Due RECEIVED Do you have a seving a account? The Second Past Due Amount Past Due Amount Past Due RECEIVED Yes INO
Net Income From Employment (Attach proof of earnings) Other Income: FOTAL MONTHLY INCOME FOTAL MONTHLY EXPENSES On you have a checking account? Tes No	Past Due Debts: Amount Past Due RECEIVED Do you have a seving account The Past Due Amount Past Due RECEIVED Ves INO
Net Income From Employment (Attach proof of earnings) Other Income: FOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Or you have a checking account? Findividual	Past Due Debts: Amount Past Due RECEIVE Do you have a seving account of Yes in No Individual Debts: Amount Past Due Balance:
Net Income From Employment (Attach proof of earnings) Other Income: FOTAL MONTHLY INCOME FOTAL MONTHLY EXPENSES On you have a checking account? Tes No	Past Due Debts: Amount Past Due RECEIVED Do you have a seving account The Past Due Amount Past Due RECEIVED Ves INO
Net Income From Employment (Attach proof of earnings) Other Income: FOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Or you have a checking account? For Individual	Past Due Debts: Amount Past Due Past Due Debts: Amount Past Due Past Due Debts: Amount Past Due Past Due Debts: Amount Past Due Past Due Debts: Amount Past Due Past Due Debts: Balance:
Net Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES On you have a checking account? (I) Yes No Individual Joint Bajance: Bank Name: BAWK Of AMEMCA	Past Due Debts: Amount Past Due RECEIVE Do you have a saving account to the part of the
Net Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? These Income Individual Individual Income Bank Name: BAWK Of AMEMCA Account Number: List all purchases of Individual goods or services for which you paid	Past Due Debts: Amount Past Due RECEIVE Do you have a saving account to the part of the

Were you questioned by any law enforcement/officers?	ONS OF SUPERVISION DURING THE PAST MONTH Were you arrested or named as a defendant in any criminal case?
☐ Yes ☐ No	☐ Yes ← No
If yes, date:	il yes, when a where
Agency:	Charges:
Reason:	Disposition:
	, receipt, charges, disposition, etc.) Was amone in your household arrested or questioned by law enforcement?
Were any pending charges disposed of during the month? ☐ Yes ☑ No	Yes D No
•	
If yes, date:	If yes, whom?
Court:	Reason:
Disposition:	Disposition:
. Did you have any contact with anyone having a criminal record?	Did you possess or have access to a fiream?
☐ Yes ☑ No	
If yes, whom?	If yes, why?
Did you possess or use any illegal drugs?	Did you travel outside the district without permission?
☐ Yes ဩ No	☐ Yes ☐ No
If yes, type of drug:	If yes, when and where?
1, 100, 17po di diag.	
Do you have community service work to perform?	Do you have drug, alcohol or mental health aftercare?
□ Yes 🗷 No	
Number of hours completed this month:	If yes, did you miss any sessions during this menth?
Number of Laure misearch	
Number of hours missed:	Did you fail to respond to phone recorder instructions?
Balance of hours remaining:	☐ Yes D No
	If yes, why?
THE PARTY OF THE P	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
WARNING: ANY FALSE STATEMENTS MAY RESULT IN REVOCATION OF PROBATION, SUPERVISED RELEASE OR	AND_CORRECT.
PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A	PD of 1 2 0 -
\$250,000 FINE OR BOTH. (18 U.S.C. § 1001)	IVKN DOMAL
110 0.3.0. 9 1001)	
	SKINATURE DATE
REMARKS:	SKINATURE DATE RECEIVED:
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	RECEIVED: MailOCHCCC
	RECEIVED: Mail OC HC CC RETURN TO:
REMARKS:	RECEIVED: MailOCHCCC RETURN TO: U.S. PROBATION OFFICER
	RECEIVED: MailOCHCCC RETURN TO: U.S. PROBATION OFFICER I 301 CLAY ST., #220S
REMARKS:	RECEIVED: MailOCHCCC RETURN TO: U.S. PROBATION OFFICER I 301 CLAY ST., #220S

PROB 8

DACTED

D(6) and (7)(C) U.S. PROBATION OFFICE CONTINUES OF THE MONTH OF

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	IDENCE (If new addres		lpurchase agi	reement)
Street Address, Apt. Number:	1	Home Phone	Pager Pt	one: Other Phone:
1				
CIT TO THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE T		Persons Living with you	u: 1 A)	
		- WHE +	MOD	ALR
Complex/Subdivision: Own	or Rent?	Did you move during th	e'month?	es Q No
•				•
Mailing Address (If different):		If yes, date moved:		Reason for Mov
	•	j		
PART B: EM	MPLOYMENT (If unempl	loyed, list source of sur	oport under P	art Di
Name, Address, Phone No. of Employer:		Name of immediate sup		
	,	Q.4C		is your employer aware of your criminal status? Yes No
	,	CEF	<u>-</u> 1	
		How many days of work	did you miss?	Why?
	, .	Position Held:	Gross Incom	e: Normal Work Hours:
		T GOMON TICIO.	Cioss incom	TOURIST AND L'UNITZ
·				
	if changed jobs or terminated state when and why:	,		•
PART	C: VEHICLES (List all	vehicles owned or driv	ren by youl	
Yearlmakelmodel: /	Color:	Tag Number:	Owner.	
81 DODIGE VAN	CREY	•	N.	O CANDA
2 YearAnake(model:	Color:	reg number:	Owner.	ACC / OFFICIA
	DAOT DMONTINY	FINANCIAL CTATELIS	LT.	
	PART D. MONTHET	FINANCIAL STATEME	WI	
Net income From Employment		Past Due Debts:		Amount Past Due:
(Attach proof of earnings)				
	(unto	!		_
Other Income:				
Other Income:	j		7	/
Other Income: TOTAL MONTHLY INCOME			1	<u>/</u> :_
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TOTAL MONTHLY INCOME	· · · · · · · · · · · · · · · · · · ·	Do you have a savings a	ocounty~ 哲 Ye	3 DNo 30
TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? If Yes 1		Do you have a savings a	COUNTY E Ye	DNO DNO
TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? If Yes 1	No	Do you have a savings a	complete free	Chalance:
TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? If Yes D to Individual D Joint Balance		Do you have a savings a	COUNTY TO YE	Chalance:
TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? If Yes 1 Individual Joint Balance Bank Name: C A		☐ Individual Bank Name:	county E ve	Casiance:
TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? If Yes D to the second of the second		Individual Bank Name:	Joint RF	Chalance: 1998
TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? If Yes 1 Individual Joint Balance Bank Name: C A		Individual Bank Name:	Joint RF	Chalance: 1998
TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? If Yes D to the second of the second		Individual Bank Name: Account Number:	Joint RF	Chalance: 1998
TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? If Yes to the second of the second	tor which you paid \$500 or m	Individual Bank Name: Account Number:	Joint RF	Calance: 1098
TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? If Yes to the second of the second	tor which you paid \$500 or m	Individual Bank Name: Account Number:	Joint RF	Chalance: 1998

b(6) and (7)(C)

	TONS OF SUPERVISION DURING THE PAST MONTH
Were you questioned by any law enforcement officers? ☐ Yes 전 No	Were you arrested or named as a defendant in any criminal case?
If yes, date:	If yes, when & where?
Agency:	Charges:
•	
Reason:	Disposition:
	on, receipt, charges, disposition, etc.)
Were any ponding charges disposed of during the month?	
☐ Yes ᠒⊬No	☐ Yes ① NO
If yes, date:	
Court:	Reason:
•	,
Disposition:	Disposition:
Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?
☐ Yes ☐ No	Yes W
If yes, whom?	If yes, why?
Did you possess or use any illegal drugs?	Did you travel outside the district without permission?
☐ Yes ☐ No	☐ Yes
If yes, type of drug:	If yes, when and where?
Do you have community service work to perform? ☐ Yes ☐ Yo	Do you have drug, alcohol or mental health aftercare?
Number of hours completed this month:	If yes, did you miss any sessions during this month?
•	
Number of hours missed:	Did you fall to respond to phone recorder instructions?
Balance of hours remaining:	
•	If yes, why?
WARNING: ANY FALSE STATEMENTS MAY RESULT IN	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
REVOCATION OF PROBATION, SUPERVISED RELEASE OR PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A	AND CORRECT.
\$250,000 FINE OR BOTH.	101-1 hans
(18 U.S.C. § 1001)	SIGNATURE
REMARKS:	RECEIVED:
	Mail OC .
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-	RETURN TO:
	U.S. PROBATION OFFICER
	1301 CLAY ST., #220S
	OAKLAND, CA 94612
	CANDAIND, CA 94012
·	
U.S. Probation Officer Date	-
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PROB s b (6) and (7)(C)

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U.S. PROBATION OFFICE JEB., 19 98.

Name PILILIP CARRIES	Court Name (if different):
PADT A: DESIDENCE III now address	, attach copy of leaselpurchase agreement)
Street Address. Ant. Number	Homi Page Phone: Other Phone:
Clfu State, Zip Code:	Persons Living with you:
Complex/Subdivision:	Did you/move during the month? Yes PNo
Mailing Address (If different):	If yes, date moved: Reason for Moving
PART B: EMPLOYMENT (If unemplo	oyed, list source of support under Part D)
Name Address Phone No. of Employer.	Name of Immediate supervisors Is your employer aware of your The Wife Community Criminal status? Pres No
5	How many days of work did you miss? Why?
<u> </u>	Position Held: Gross Income: Normal Work Hours:
Did you change jobs? Yes It changed jobs or terminated, Were you terminated? Yes No- state when and why:	
	vehicles owned or driven by you)
1. Yeartmake/model: Color: Color: Color:	Tag Number: downer: SHAM QY GARRA
Z. Yearmfaxermodet. Color	Tag Number: Owner:
PART D: MONTHLY E	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? D Yes 12 No
Individual I Joint Balance:	□ Individual □ Joint Balance:
Bank Name: A POK () SIMULA. Account Number:	Bank Name:RECEIVED
List all purchases of individual goods or services for which you paid \$500 or mo	
<u>Date</u> <u>Amount</u> <u>Method of Paymer</u>	MAR 2.3 1998
	OAKAND CALIF.

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

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U.S. PROBATION OFFICE March 19 98

Name:	Court Name (if different):
Phelles Land	
PART A: RESIDENCE (If new ac	ddress, attach copy of leaselpurchase agreement)
Stree	1 Home Phone: Paner Phone: Other Phone:
City, 8	Persons Living With you:
Complex/Subdivision: Own or/Rent? /	Did you make during the month? Yes 12 No
Complexistration.	old you sugge during the month? Thes 12 No
Mailing Address (if different):	If yes, date moved: Reason for Moving
	nemployed, list source of support under Part D)
Name, Address, Phone No. of Employer OBATION OFFICE	Name of immediate supervisor: Is your employer aware of your criminal status?
	How many days of work did you miss? Why?
	Position Held: Gross Income: Normal Work Hours:
Did you change jobs?	inated,
Were you terminated? Yes state when and why:	
PART C: VEHICLES (Li	ist all vehicles owned or driven by you) Tag Number: Owner: Owner:
SI DODGE VAN GALY	MANGE GRANK
2. Year/make/model: Color:	Tag Number: Üwner:
PARLD: MON1	THLY FINANCIAL STATEMENT
Net income From Employment (Attach proof of earnings)	Past Due Debts: Amount Past Due:
Other Income:	
TOTAL MONTHLY INCOME	
TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES	
	Do you have a savings account? Yes No
TOTAL MONTHLY EXPENSES Do you have a checking account? Divis Divis Divis Individual Joint Balance:	☐ Individual ☐ Joint Balance:
TOTAL MONTHLY EXPENSES Do you have a checking account? Dayles Dayles	☐ Individual ☐ Joint Balance:
TOTAL MONTHLY EXPENSES Do you have a checking account? Divis Divis Divis Individual Joint Balance:	☐ Individual ☐ Joint Balance:
TOTAL MONTHLY EXPENSES Do you have a checking account? Divises Division Di	☐ Individual ☐ Joint Balance; Bank Name: Account Number:
TOTAL MONTHLY EXPENSES Do you have a checking account? Dives Dive	☐ Individual ☐ Joint Balance: Bank Name: Account Number: O or more:
TOTAL MONTHLY EXPENSES Do you have a checking account? Divises Divise	☐ Individual ☐ Joint Balance: Bank Name: Account Number: 00 or more:

	Were you questioned by any law enforcement officers?	OF SUPERVISION DURING THE PAST MONTH
•	Were you questioned by any law enforcement officers?	1
	☐ Yes ☐ No	If yes, when & where?
	Agency:	Charges:
	Reason:	Disposition:
	(Attach constant in the consta	eipt, charges, disposition, etc.)
	Were any pending charges disposed of during the month?	Was anyone in your household arrested or questioned by law enforcement?
-	D Yes No	D Yes as No
	If yes, date:	If yes, whom?
	Court:	Reason:
•	Disposition:	Disposition:
	Did you have any contact with anyone having a criminal record?	Did you possess or have access to a lirearm?
	☐ Yes ☐ No	□ Yes □ No
	If yes, whom?	If yes, why?
	Did you possess or use any illegal drugs? ☐ Yes ② No	Did you travel outside the district without permission?
	If yes, type of drug:	If yes, when and where?
	Do you have a special assessment, restitution or fine?	-If yes, amount paid during the month:
	Special assessment: Restituti	onFine:
	NOTE: ALL PAYMENTS TO BE MADE BY MONEY OR	DER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
	Do you have community service work to perform?	Do you have drug, alcohol or mental health afterdare?
	☐ Yes ☐ No	
	Number of hours completed this month:	If yes, did you miss any sessions during this month?
	Number of hours missed:	Did you fall to respond to phone recorder instructions?
	Balance of hours remaining:	☐ Yes ☑ No
		If yes, why?
	WARNING: ANY FALSE STATEMENTS MAY RESULT IN REVOCATION OF PROBATION, SUPERVISED RELEASE OR	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT.
	PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A	
	\$250,000 FINE OR BOTH.	Philles Tours -1/1/98
	(18 U.S.C. § 1001)	SIGNATURE DATE
	REMARKS:	RECEIVED:
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		RETURN TO:
	·	
		U.S. PROBATION OFFICER
		1301 CLAY ST., #220S
	,	OAKLAND, CA 94612
	· Illichan	
	1 116198	
	U.S. Propation Officer Date	
	· · · · · · · · · · · · · · · · · · ·	1 N

	REDACT	ED 🚌 🖼 DACTE	D
)) [[] William V	ITION OFFICE	95
	MONTHLY SUPERVISION REPORT FOR TH	HE MONTH OF APRIL ,	19_/0.
*	Name: Phillips Mark A	Court Name (If different):	
	PART A: BESIDENCE III now address	attach copy of lease/purchase agreement)	
	Street Address. Ant. Number:	Home Phone: Pager Phone:	Other Phone:
	15		
	City, State. Zin Code	Persons Living with you:	2 ,
	Complex/Subdivision: / Own or Rent?	Und you move during the month? The D. No.	1-WY
	Malling Address (If different):	If yes, date moved:	Reason for Moving:
	PART B: EMPLOYMENT (If unemploy	yed, list source of support under Part D)	
r	.:Name, Address, Phone No. of Employer:	Name of mmediate supervisor: Is your emplo	iyer aware of yarur rs? [] Yas □ No
		How many days of work did you miss? RECEIVED	~Why?
		Position Held: Gross Income: Nom	nal Work Hours:
	Did you change jobs? [] Yes [] No if changed jobs or terminated, were you terminated? [] Yes [] No state when and why:	JULY AJOBATION OFFICE	
		rehicles owned or driven by you)	
····	1. Year/make/model: Cojors.	Tag Number: Owner: Wasse 9	GARRIT.
	2. Year/make/model: Golen	Tag Number: Wher:	
	PART D: MONTHLY F	INANCIAL STATEMENT	
٠ .	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	<u>t</u> :	
	Date Amount Method of Payment	Description of Item	:

	b(6) SINCE (E) WELLINGE WITH CONDITIONS	OF SUPERVISION DURING THE PAST MONTH
	Were you questioned by any law enforcement officers? ☐ Yes ☐ No	Were you arrested or named as a defendant in any criminal case?
	If yes, date:	If yes, when & where?
	Agency:	Charges:
	Reason:	Disposition:
	•	
	(Attach copy of citation, reci Were any pending charges disposes of during the month?	eipt, charges, disposition, etc.) Was anyone in your household arrested or questioned by law enforcement?
	☐ Yes ☑ No	Yes DNo
	If yes, date:	If yes, whom?
	Court:	Reason:
	COURT	neason.
	Disposition:	Disposition:
	Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearin?
	☐ Yes tt No	☐ Yes ☐ No
	If yes, whom?	If yes, why?
•	Did you possess or use any Illegal drugs?	Did you travel outside the district without permission?
	□ Yes □ No	☐ Yes ☐ No
	If yes, type of drug:	If yes, when and where?
	Do you have a special assessment, restitution or fine?	If yes, amount paid during the month:
	Special assessment: Restituti	on Fine:
	NOTE: ALL PAYMENTS TO BE MADE BY MONEY OR	DER (PÓSTAL OR BANK) OR CASHIER'S CHECK ONLY.
	Do you have community service work to pertoyin?	Do you have drug, alcohol or mental health aftergare?
	Yes Q No	So you have dray, allowed or mornar housing alloyand:
	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 instructions2-
	Balance of hours remaining:	Yes No
Α.		If yes, why?
	WARNING: ANY FALSE STATEMENTS MAY RESULT IN	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
	REVOCATION OF PROBATION, SUPERVISED RELEASE OR PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A	AND CORRECT.
	\$250,000 FINE OR BOTH.	Plu Grand Statuted
	(18 U.S.C. § 1001)	SIGNATURE
	REMARKS:	RECEIVED:
		Mail OC
	•	HCCC
-	•	•
	•	RETURN TO:
		U.S. PROBATION OFFICER
		1301 CLAY ST., #220S
		OAKLAND, CA 94612
	•	
	U.S. Probation Officer Date	
		$\setminus I$

PROB 8 (Rev. 6/91) D(6) and (7)(C)

U.S. PROBATION OFFICE

Name: PH-U, P A	предд	Court Name (if different):	1		<u>,</u>
	RESIDENCE (If new address,	attach copy of leaselp	urchase ao	reement)	
Street Address, Apt. Number: 7		· ·	Paner P		Other Phone:
					•
- Chyprate, Alp Code:		Persons Living with you:		_	
		Will In	_		
	Own or Rent?	Did you move during the		1 1011	7
Tomproviduoiy(\$10f);	Owit or Heitt:	old you knove during the	month /u	165 9 00	1
		if yes, date moved:			_ Reason for Movi
Mailing Address (if different):		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		<u> </u>		·	
PART B:	EMPLOYMENT (If unemploy	ed, list source of supp	ort under i	Part D)	
Name, Address, Phone No. of Employee		Name of immediate super	visor.	is your employe	r aware of your
Ç ·		SELT (D	h.7.		19 Yes D No
/	/ /	How many days of work of	lid you mise?	W	llura
		Thou that y days or home	, , , , , , , , , , , , , , , , , , ,	·	my:
•					
<i>-</i>		Position Held:	Gross Incom	re: Normal	Work Hours:
. ,	•				
Did you change jobs? ☐ Yes ☐ No Were you terminated? ☐ Yes ☐ No	If changed jobs or terminated, state when and why:		<u> </u>	······································	
					
P,	ART C: VEHICLES (List all ve			•	
	ART C: VEHICLES (List all ve	chicles owned or drive	n by you)	·	
P,			Owner	neg	
P,			Owner	neg	
1. Year/make/model: 86 Dorge Vans		Tag Number:	Owner.	neg	
1. Year/make/model: 86 Dopice Vans	Color Color	Tag Number:	Owner:	neg	D D
1. Year/make/model: 86 DSPGE VALL 2. Year/make/model:	Color Color	Tag Number:	Owner:	neg ECEIVE	D
1. Year/make/model: 86 Dopost Vans 2. Year/make/model: Net Income From Employment	Color Color	Tag Number:	Owner.	ECEIVE	Dount Past Due:
1. Year/make/model: 86 Lores Vans 2. Year/make/model:	Color Color	Tag Number:	Owner.	neg ECEIVE	Diount Past Due:
1. Year/make/model: 86 Dopice Vans 2. Year/make/model: Net Income From Employment	Color Color	Tag Number:	Owner:	CEIVE	rice.
1. Year/make/model: 86 DSPGE VANA 2. Year/make/model: Net Income From Employment (Attach proof of earnings) Other Income:	Color Color	Tag Number:	Owner:	ECEIVE W 1 1998 ROBATION CH	rice .
1. Year/make/model: 8.0 Doroc Vans 2. Year/make/model: Net Income From Employment (Attach proof of earnings)	Color Color	Tag Number:	Owner:	CEIVE	rice.
1. Year/make/model: 86 DSPGE VANA 2. Year/make/model: Net Income From Employment (Attach proof of earnings) Other Income:	Color Color	Tag Number:	Owner:	ECEIVE W 1 1998 ROBATION CH	rice.
1. Year/make/model: 86	Color Color PAHI D: MONTHLY FI	Tag Number:	Owner:	ECEIVE TO SATION OF THE PROPERTY OF THE PROPE	rice.
1. Year/make/model: 86	Color Color PAHI D: MONTHLY FI	NANCIAL STATEMEN Past Due Debts: Do you have a savings acc	Owner:	ECEIVE TO SATION OF THE PROPERTY OF THE PROPE	rice .
1. Year/make/model: 86	Color: PAHI D: MONTHLY FI	NANCIAL STATEMEN Past Due Debts: Do you have a savings according to the property of the prope	Owner:	TOPACY TO	rice.
1. Year/make/model: 86 DSPCE VAN 2. Year/make/model: Net Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? Yes	Color: PAHI D: MONTHLY FI	NANCIAL STATEMEN Past Due Debts: Do you have a savings acc	Owner:	TOPACY TO	rice.
1. Year/make/model: So Dopose Variable	Color Color PARI D: MONTHLY FI	Do you have a savings acc	Owner:	TOPACY TO	rice .
1. Year/make/model: 86 DSPCE VAN 2. Year/make/model: Net Income From Employment (Altach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? Individual Indi	Color Color PARI D: MONTHLY FI	Do you have a savings account Number:	Owner:	TOPACY TO	rice.
1. Year/make/model: So Dopose Variable	PAHI D: MONTHLY FI	Do you have a savings account Number:	Owner:	TOPINE G	rice.

Were you questioned by any law enforcement officers? Yes ONO	Were you arrested or named as a defendant in any criminal case? E Yes E No
If yes, date:	If yes, when & where?
Agency:	Charges:
Reason:	Disposition:
	3.050.000
(Attach copy of citation, Were any pending energies disposed of during the month?	receipt, charges, disposition, etc.)
☐ Yes (C) No	Was anyone in your household arrested or questioned by law enforcemen
•	
If yes, date.	If yes, whom?
Court:	Reason:
	Disposition
Disposition:	Disposition:
Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?
☐ Yes ☐ No	☐ Yes ☑ No
If yes, whom?	If yes, why?
Did you possess or use any illegal drugs?	Did you travel outside the district without permission?
☐ Yes ☐ No	□ Yes □ No
li una tura al deres	
If yes, type of drug:	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: Resti	tution 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?	Do you have drug, alcohol or mental health aftercare?
Do you have community service work to perform? □ Yes \text{\text{C}} No	Do you have drug, alcohol or mental health aftercare?
	<u></u>
☐ Yes 比 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:	<u></u>
Number of hours completed this month: Number of hours missed:	If yes, did you miles any sessions during this month? Did you fail to respond to phone recorder instructions? Yes □ No
Number of hours completed this month: Number of hours missed:	If yes, did you miss any sessions during this month? Did you fail to respond to phone recorder instructions?
Number of hours completed this month: Number of hours missed:	Did you fail to respond to phone recorder instructions? Yes No If yes, why?
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	Did you fail to respond to phone recorder instructions? Yes No If yes, why? I CERTIFY THAT ALL INSORMATION FURNISHED IS COMPLETE AND CORRECT.
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	If yes, did you miles any sessions during this month? Did you fail to respond to phone recorder instructions? ☐ Yes ☐ No If yes, why? ☐ CERTIFY THAT ALL INFORMATION FURMISHED IS COMPLETE
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.	If yes, did you miles any sessions during this month? Did you fail to respond to phone recorder instructions? Yes No If yes, why? I CERTIFY THAT ALL INFORMATION FURMISHED IS COMPLETE AND CORRECT.
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)	If yes, did you miss any sessions during this month? Did you fail to respond to phone recorder instructions? Yes No If yes, why? I CERTIFY THAT ALL INEORMATION FURMISHED IS COMPLETE AND CORRECT. SIGNATURE DATE
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)	If yes, did you miles any sessions during this month? Did you fail to respond to phone recorder instructions? Yes No If yes, why? I CERTIFY THAT ALL INFORMATION FURMISHED IS COMPLETE AND CORRECT.
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)	If yes, did you miles any sessions during this month? Did you fail to respond to phone recorder instructions? Yes No If yes, why? I CERTIFY THAT ALL INEORMATION FURMISHED IS COMPLETE AND CORRECT. SIGNATURE DATE
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)	Did you fail to respond to phone recorder instructions? Yes No If yes, why? I CERTIFY THAT ALL INFORMATION FURMISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED: Mail OC
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)	If yes, did you miss any sessions during this month? Did you fail to respond to phone recorder instructions? Yes No If yes, why? I CERTIFY THAT ALL INEORMATION FURMISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED: Mail OC HC CC
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)	Did you fail to respond to phone recorder instructions? Yes No If yes, why? I CERTIFY THAT ALL INFORMATION FURMISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED: Mail OC
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)	If yes, did you miss any sessions during this month? Did you fail to respond to phone recorder instructions? Yes No If yes, why? I CERTIFY THAT ALL INEORMATION FURMISHED IS COMPLETE AND CORRECT. SIGNATURE RECEIVED: Mail OC HC CC
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.	If yes, did you mide any sessions during this month? Did you fail to respond to phone recorder instructions? Yes No If yes, why? I CERTIFY THAT ALL INFORMATION FURMISHED IS COMPLETE AND CORRECT: SIGNATURE RECEIVED: Mail OC HC CC RETURN TO:
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)	Did you fail to respond to phone recorder instructions? Yes
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)	If yes, did you miles any sessions during this month? Did you fail to respond to phone recorder instructions? Yes No If yes, why? I CERTIFY THAT ALL INFORMATION FURMISHED IS COMPLETE AND CORRECT: SIGNATURE RECEIVED: Mail OC HC CC RETURN TO: U.S. PROBATION OFFICER I 301 CLAY ST., #2205
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)	Did you fail to respond to phone recorder instructions? Yes
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)	If yes, did you miles any sessions during this month? Did you fail to respond to phone recorder instructions? Yes No If yes, why? I CERTIFY THAT ALL INFORMATION FURMISHED IS COMPLETE AND CORRECT: SIGNATURE RECEIVED: Mail OC HC CC RETURN TO: U.S. PROBATION OFFICER I 301 CLAY ST., #220S

PROB 8 (Rev. 6/91)

Name: All all	Court Name (if different):
There of she se,	
PART A: RESIDENCE (If new ac	ddress, attach copy of leaselpurchase agreement)
Street Address Ant Number	Home Phone: Pager Phone; Other Phone;
City, State, 7in Code	and the second s
Oliv. Glain. 2111-27	rersons Living with you:
1	MOM- Wife -XAX
Complex/Subdivision: Own or Flent?	Did you move during the month? ☐ Yes ☐ No
Mailing 'Address (it different):	If yes, date moved:
DART D. FAIRLOVAENT //s	
	nemployed, list source of support under Part D) Name of Immediate supervisor:
Name, Address, Phone No. of Employer.	Is your employer aware of your.
7	criminal status?
H	How many days of work dld you miss? Why?
· • • • • • • • • • • • • • • • • • • •	_
	Position Held: Gross Income: Normal Work Hours:
L it change jobs ? . Yes & The lift changed jobs or term	ninated.
Were you terminated? Yes No state when and why:	
PART C: VEHICLES (L	ist all vehicles owned or driven by you)
Year/make/model: Color:	Tan Minit
	1
last that I have	KIMICY CHAPA
DOPGE VAN SERY	MANCY GARRI
2. Yearhusholmodoli Color	Tag Number: Owner: 9 Ann
	Tag Number: Owner: 9 Ann
2. Yearhudto/model: Color:	Tag Number: Owner: Owner:
2. Yearhnetto/model: Color:	THLY FINANCIAL STATEMENT
2. Yearhandolis Color: PART D: MON! Net-Income From Employment	
2. Yearhandelt Color: PART D: MONI	THLY FINANCIAL STATEMENT
2. Yearhandolis Color: PART D: MON Net-Income From Employment (Attach proof of earnings)	THLY FINANCIAL STATEMENT
2. Yearhadolis Color: PART D: MON Net-Income From Employment (Attach proof of earnings) Other Income:	THLY FINANCIAL STATEMENT
2. Yearhandolis Color: PART D: MON Net-Income From Employment (Attach proof of earnings)	THLY FINANCIAL STATEMENT
PART D: MONI Net-Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME	THLY FINANCIAL STATEMENT
2. Yearhandolis Color: PART D: MON! Net-Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME	THLY FINANCIAL STATEMENT
PART D: MONI Net-Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME	THLY FINANCIAL STATEMENT
PART D: MONI Net-Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? Yes D No	Past Due Dehts: Amount Past Due: Do you have a savings account? Yes 12-No
PART D: MONI Net-Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES	Past Due Debts: Amount Past Due:
PART D: MONI Net-Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? Yes No	Past Due Dehts: Amount Past Due: Do you have a savings account? Yes 1 No Individual Joint Balance:
PART D: MONI Net-Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? Yes D No	Past Due Dehts: Amount Past Due: Do you have a savings account? Yes 12-No
PART D: MONI Net-Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? Yes No	Past Due Dehts: Amount Past Due: Do you have a savings account? Yes D.No Individual Joint Balance:
PART D: MONI Net-Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? Yes No	THLY FINANCIAL STATEMENT Past Due Debts: Do you have a savings account? Yes D No
PART D: MONI 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: List all purchases of individual goods or services for which you paid \$50	THLY FINANCIAL STATEMENT Past Due Debts: Do you have a savings account? Yes No Individual Joint Balance: Bank Name: Account Number:
PART D: MONI Net-Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? Yes D No Individual Joint Balance: Bank Name:	THLY FINANCIAL STATEMENT Past Due Debts: Do you have a savings account? Yes No Individual Joint Balance: Bank Name: Account Number:
PART D: MONI 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: List all purchases of individual goods or services for which you paid \$50	THLY FINANCIAL STATEMENT Past Due Debts: Do you have a savings account? Yes No Individual Joint Balance: Bank Name: Account Number:

DO PART E: COMPLIANCE WITH CONDITION Were you questioned by any law enforcement officers?	Were you arrested or named as a defendant in any criminal case?
☐ Yes ☐-No	Vere you arrested or named as a derendant in any chimnal case? Yes Q-No
If yes, date:	If yes, when & where?
Agency:	Charges:
• • • • • • • • • • • • • • • • • • • •	1
Reason:	Disposition:
(Attach copy of citation,	receipt, charges, disposition, etc.)
Were any punding charges disposed of during the month?	Was anyone in your household arrested or questioned by law enforcement?
☐ Yes E No	☐ Yes ☐ No
If yes, date:	If yes, whom?
Court:	Reason:
Disposition:	Disposition:
Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?
Yes No	☐ Yes ☐ No
If yes, whom?	If yes, why?
Did you possess or use any illegal drugs?	Did you travel outside the district without permission?
□ Yes ☑ No	□ Yes ② No
if yes, type of drug:	If yes, when and where?
	· .
☐ Yes	
Number of hours completed this month:	If yes, did you miss any sessions during this month?
Number of hours missed:	
Balance of hours remaining:	Did you fail to respond to phone recorder instructions?
Darance of hours formatting.	
	If yes, why?
WARNING: ANY FALSE STATEMENTS MAY RESULT IN	
	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE.
REVOCATION OF PROBATION, SUPERVISED RELEASE OR	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE,
PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A	AND CORRECT.
	AND COBRECT Thrus 1/9/9
PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A \$250,000 FINE OR BOTH. (18 U.S.C. § 1001)	AND COBRECT. AND COBRECT. July Date Date
PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A \$250,000 FINE OR BOTH.	AND COBRECT Thrus 1/9/9
PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A \$250,000 FINE OR BOTH. (18 U.S.C. § 1001)	AND COBRECT. AND COBRECT. July Date Date
PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A \$250,000 FINE OR BOTH. (18 U.S.C. § 1001) REMARKS:	AND CORRECT. AND CORRECT. July 1 Date RECEIVED: Mail OC
PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A \$250,000 FINE OR BOTH. (18 U.S.C. § 1001)	AND CORRECT. January 1/9/9 BIGNATURE RECEIVED: Mail OC HC CC
PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A \$250,000 FINE OR BOTH. (18 U.S.C. § 1001) REMARKS: RECEIVED	AND CORRECT. AND CORRECT. July 1 Date RECEIVED: Mail OC
PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A \$250,000 FINE OR BOTH. (18 U.S.C. § 1001) REMARKS:	AND CORRECT. January 1/9/9 BIGNATURE RECEIVED: Mail OC HC CC
PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A \$250,000 FINE OR BOTH. (18 U.S.C. § 1001) REMARKS: RECEIVED	AND CORRECT. January 1/9/9 BENEVICE: Mail OC HC CC RETURN TO:
PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A \$250,000 FINE OR BOTH. (18 U.S.C. § 1001) REMARKS: RECEIVED	AND CORRECT. January 1/9/9 BONATURE RECEIVED: Mail OC OC HC CC RETURN TO: U.S. PROBATION OFFICER
PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A \$250,000 FINE OR BOTH. (18 U.S.C. § 1001) REMARKS: RECEIVED	RECEIVED:
PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A \$250,000 FINE OR BOTH. (18 U.S.C. § 1001) REMARKS: RECEIVED	AND CORRECT. AND CORRECT. JOSEPH DE LA CORRECTIVED: MAIIOC HCCC RETURN TO: U.S. PROBATION OFFICER 1301 CLAY ST., #2205 OAKLAND, CA 94612

b(6) and (7)(C)

U.S. PROBATION OFFICE

PART A: RESIDENCE (II new ac	Court Name (if different):
Street Address, Apt. Number: 1	Home Change Phone: Other Phone:
~13,00 aue, LIP LOOE:	Persons, Living with you:
Ccpiewouparvision: Own or Rent?	Why Cold action of the month? ☐ Yes 12 No
Mailing Address (if dillerent):	If yes, date moved: Reason for t
PART B: EMPLOYMENT (It un	nemployed, list source of support under Part D)
Name Address, Phone No. of Employer:	Name of Inverted late supervisor. Is your employer aware of your criminal status? □ LYes □
	How many days of work did you miss?
4	Position Held: Gross Income: 'Normal Work Hours:
Did you change jobs?	ist all vehicles owned or driven by you) Transmission Transmi
2. Yearmakemouel: Color.	- Tag Number: Owner:
PART D: MONT	THLY FINANCIAL STATEMENT
Net Income From Employment (Attach proof of earnings) Other Income:	Past Due Debts: Amount Past Du
TOTAL MONTHLY INCOME	
Do you have a checking account? Yes No	Do you have a savings account?
□ Individual □ Joint Balance:	☐ Individual ☐ Joint Balance:
Bank Name:Account Number:	Bank Name:
	00 or more:

/	b(6) and (7)(6) LLANCE WITH CONDITIONS	OF SUPERVISION DURING THE PAST MONTH
	Were you questioned by any law enforcement officers?	Were you arrested or named as a defendant in any criminal case?
1	If yes, date:	If yes, when & where?
1	Agency:	Charges:
	Reason:	Disposition:
-		
1	(Attach copy of citation, rece Were any pending charges disposed of during the month?	elpt, charges, disposition, etc.) Was anyone in your household arrested or questioned by law enforcement?
	☐ Yes 【UNO	☐ Yes ☐ No
	If yes, date	11 yes, whom?
	11.)65, 1001	
	Court:	Reason:
	Disposition:	Disposition:
•	Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?
	□ Yes □ Mo	☐ Yes ☐ No
	If yes, whom?	If yes, why?
	Did you possess or use any illegal drugs?	Did you travel outside the district without permission?
	☐ Yes ☐ No	☐ Yes 12 No
	If yes, type of drug:	If yes, when and where?
	, , , , , , , , , , , , , , , , , , , ,	
	Do you have a special assessment, restitution on fine?	If you amount tital duffing the months
	•	and the same of th
	Special assessment Restitution	on Fine:
	NOTE: ALL PAYMENTS TO BE MADE BY MONEY OR	DER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
!	Do you have community service work to perform?	Do you have drug, alcohol or mental health aftercare?
	☐ Yes ☐ No-	
	Number of hours completed this months	If yes, did you miss any sessions during this month?
	Number of hours missed:	
	Number of hours missed:	Did you fail to respond to phone recorder instructions?
1	Balance of hours remaining:	☐ Yes ☐ No
:	and the same of th	If yes, why?
	WARNING: ANY FALSE STATEMENTS MAY RESULT IN	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
	REVOCATION OF PROBATION, SUPERVISED RELEASE OR	AND CORRECT
	PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A \$250,000 FINE OR BOTH.	
	(18 U.S.C. § 1001)	ISIGNATURE DATE
	REMARKS:	RECEIVED:
	· · · · · · · · · · · · · · · · · · ·	Mail OC
		MaiOC
		HC CC
		RETURN TO:
1		
		U.S. PROBATION OFFICER
1	`	1301 CLAY ST., #220S
1		OAKLAND, CA 94612
Į		, , , , , , , , , , , , , , , , , , ,
1	Strong	
	U.S. Probation Officer Date	()
		V. 🛔

PROB 8 (7)(C) **U.S. PROBATION OFFICE** MONTHLY SUPERVISION REPORT FOR THE MONTH OF Name: Court Name (If different): RESIDENCE (If new address, attach copy of lease/purchase agreement) Hame Phone St-Paner Phone: Other Phone: City, State 7in Code Persons Living with you: Complex/Subdivision: Did you move during the month? 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? Ares D No Position Held: Gross Income: Normal Work Hours: if changed jobs or terminated, Did you change jobs? ☐ Yes Were you terminated? ☐ Yes state when and why: PART C VEHICLES (List all vehicles owned or driven by you) 1. Year/make/model: Tag Number: PART D: MONTHLY FINANCIAL STATEMENT Past Due Debts: Amount Past Due: Net Income From Employment (Attach proof of earnings) Other income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account?
Yes No Do you have a savings account?

Yes ☐ Individual ☐ Joint ☐ Joint Balance: □ Individual Balance: Bank Name: Bank Name:

List all purchases of individual goods or services for which you paid \$500 or more:

Date Amount Method of Payment Description of Item

Account Number:

Account Number:

b(6) and (7)	COMPLIANCE MITTLE CONST	REDACTED TIONS OF SUPERVISION DURING THE PAST MONTH
Were you questioned by any law	~	Were you arrested or named as a defendant in any original case?
□ Y	es DNo	□ Yes □ No
If yes, date:		If yes, when & where?
Agency:		Charges:
Reason:		Disposition:
•	(Attach conv of citatio	on, receipt, charges, disposition, etc.)
Were any pending charges dispo-		Was anyone in your household arrested or questioned by law enforcement?
□ Ye	es (A) No	D Yes De No
If yes, date:		Hryes, whom?
Court:	/	Reason:
Disposition:		Disposition:
Did you have any contact with an		Did you possess or have access to a firearm?
☐ Ye	es 🖪 No	□ Yes Z) No
If yes, whom?		If yes, why?
Did you possess or use any illega	• /	Did you travel outside the district without permission?
□ Ye	es ©_No	□ Yes □ No
If yes, type of drug;	<u> </u>	If yes, when and where?
Do you have a special assessmen	nt, restitution or fine? Yes	No-If yes, amount paid during the month:
Special assessment:		stitution Fine:
NOTE: ALL F		EY ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY. Do you have drug, alcohol or mental health aftercage?
NOTE: ALL P	vork to perform?	EY ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
NOTE: ALL F	vork to perform?	EY ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
NOTE: ALL P Do you have community service w P O Number of hours completed t	vork to perform? es IZ No	Do you have drug, alcohol or mental health aftercape?
NOTE: ALL F Do you have community service w Ye Number of hours completed to Number of hours missed:	vork to perform? is IZ No this menth:	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?
NOTE: ALL F Do you have community service w Ye Number of hours completed to Number of hours missed:	vork to perform? es IZ No	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?
NOTE: ALL F Do you have community service w Ye Number of hours completed to Number of hours missed:	vork to perform? is IZ No this menth:	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?
NOTE: ALL P Do you have community service w The remaining of hours remaining: Balance of hours remaining: WARNING: ANY FALSE STATE	Nork to perform? Is II No This menth: EMENTS MAY RESULT IN	Do you have drug, alcohol or mental health aftercape? If ves, did you miss any sessions during this month? Did you fail to respond to phone recorder instructions? Yes No If yes, why?
NOTE: ALL P Do you have community service w The remaining of hours remaining: Balance of hours remaining: WARNING: ANY FALSE STATION OF PROBATION	everk to perform? It is IT No It is menth: EMENTS MAY RESULT IN N, SUPERVISED RELEASE OR	Do you have drug, alcohol or mental health aftercape? 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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NOTE: ALL F Do you have community service w The Popular of hours completed to the service of hours missed: Balance of hours remaining: WARNING: ANY FALSE STATISEVOCATION OF PROBATION PAROLE, IN ADDITION TO 5 1250,000 FINE OR BOTH. (18 U.:	energy of the perform? In this menth: EMENTS MAY RESULT IN N, SUPERVISED RELEASE OR YEARS IMPRISONMENT, A S.C. § 1001)	Do you have drug, alcohol or mental health aftercare? If ves, did you miss any sessions during this month? Did you fail to respond to phone recorder instructions? Yes No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE
NOTE: ALL F Do you have community service w The Popular of hours completed to the service of hours missed: Balance of hours remaining: WARNING: ANY FALSE STATISEVOCATION OF PROBATION PAROLE, IN ADDITION TO 5 1250,000 FINE OR BOTH. (18 U.:	ever to perform? Is IZ No This menth: EMENTS MAY RESULT IN N, SUPERVISED RELEASE OR YEARS IMPRISONMENT, A	Do you have drug, alcohol or mental health aftercare? If ves, did you miss any sessions during this month? Did you fail to respond to phone recorder instructions? Yes No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. SIGNATURE
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NOTE: ALL P Do you have community service w The result of hours completed to the remaining: Balance of hours remaining: WARNING: ANY FALSE STATION OF PROBATION PAROLE, IN ADDITION TO 5 No 250,000 FINE OR BOTH.	ements may result in N, supervised release or Years imprisonment, a S.C. § 1001) RECEIVED SEP 14 1998	Do you have drug, alcohol or mental health aftercape? If yes, did you miss any sessions during this month? Did you fail to respond to phone recorder instructions? If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT SIGNATURE RECEIVED: Mail
NOTE: ALL F Do you have community service w The Popular of hours completed to the service of hours missed: Balance of hours remaining: WARNING: ANY FALSE STATISEVOCATION OF PROBATION PAROLE, IN ADDITION TO 5 1250,000 FINE OR BOTH. (18 U.:	work to perform? Is IT NO This menth: EMENTS MAY RESULT IN N, SUPERVISED RELEASE OR YEARS IMPRISONMENT, A S.C. § 1001) RECEIVED	Do you have drug, alcohol or mental health aftercape If yes, did you miss any sessions during this month? Did you fail to respond to phone recorder instructions? If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. Signature RECEIVED: Mail
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NOTE: ALL F Do you have community service w The Popular of hours completed to the service of hours missed: Balance of hours remaining: WARNING: ANY FALSE STATISEVOCATION OF PROBATION PAROLE, IN ADDITION TO 5 1250,000 FINE OR BOTH. (18 U.:	ements may result in N, supervised release or years imprisonment, a S.C. § 1001) RECEIVED SEP 1 4 1998 U. S. PROBATION OFFIC NORTHERN DIST. CALIF.	Do you have drug, alcohol or mental health aftercape? If yes, did you miss any sessions during this month? Did you fail to respond to phone recorder instructions? Yes No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE ANIA CORRECT. SIGNATURE RECEIVED: Mail OC HC CC RETURN TO:
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NOTE: ALL F Do you have community service w The Popular of hours completed to the service of hours missed: Balance of hours remaining: WARNING: ANY FALSE STATISEVOCATION OF PROBATION PAROLE, IN ADDITION TO 5 1250,000 FINE OR BOTH. (18 U.:	ements may result in N, supervised release or Years imprisonment, a S.C. § 1001) RECEIVED SEP 1 4 1998 U. S. PROBATION OFFIC NORTHERN DIST. CALIF.	Do you have drug, alcohol or mental health aftercape? If yes, did you miss any sessions during this month? Did you fail to respond to phone recorder instructions? Yes No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE ANIA CORRECT. SIGNATURE RECEIVED: Mail OC HC CC RETURN TO:
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PROB 8 (Rev. 6/91) (C) U.S. PROBATION OFFICE MONTHLY SUPERVISION REPORT FOR THE MONTH OF SEPt, 19 98

Name: Phillip (Charles (S)	Court Name (it different):	
	TARRED TO THE PERSON OF THE PE	ddress, attach copy of lease/purchase agreement)	
Street Address Ant Number	A .	Home Phone: Pager Phone: Other Phone	ne:
City_State, Zip Code:		Persons Living with you:	
Comptex/Subdivision:	Own or Rent?	Did you move during the month? Yes 10 No	1
Mailing Address (it different):		If yes, date moved: Reason to	or Mov
PA	ART B: EMPLOYMENT (if un	nemployed, list source of support under Part D)	
Name, Address, Phone No. of Emp	 	Name of immediate supervisor. Is your employer aware of your criminal status? O Year 1.	our ON
/_	~	How many days of work did you miss? Why?	
		Position Held: Gross Income; Normal Work Hours:	:
Did you change jobs? ☐ Yes Were you terminated? ☐ Yes	If changed jobs or term state when and why:	inaled,	
1. Year/make/model: SG DOGG 2. Year/make/model:	VAY COLORAY	Tag Number: Owner:	
86 DODGE	VAY COLORAY Gelen	Tag Number: Owner:	
86 DODGE	PART D: MONT	Tag Number 45.	Due:
2. Year/make/model: - Net income From Employment (Attach proof of earnings) Other Income:	PART D: MONT	Tag Number: Owner: HLY FINANCIAL STATEMENT	Due:
SG DOGE 2. Year/make/model: - Net/income From Employment (Attach proof of earnings)	PART D: MONT	Tag Number: Owner: HLY FINANCIAL STATEMENT	Due:
2. Year/make/model: -Net income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME	PART D: MONT	Tag Number: Owner: HLY FINANCIAL STATEMENT	Due:
Net Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES	PART D: MONT	Tag Number: Owner: HLY FINANCIAL STATEMENT Past Due Debts: Amount Past E	Due:
2. Year/make/model: Nef Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account?	PART D: MONT	Tag Number: Owner: HLY FINANCIAL STATEMENT Past Due Debts: Amount Past E Do you have a savings account? Yes No	Due:
2. Year/make/model: - Net Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? - Individual - Joint Bank Name: Account Number:	PART D: MONT	Tag Number: Owner: HLY FINANCIAL STATEMENT Past Due Debts: Armount Past E Do you have a savings account? Yes No Individual	Due:
2. Year/make/model: -Net income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account? Individual	PART D: MONT	Tag Number: Owner: Tag Number: Owner: HLY FINANCIAL STATEMENT Past Due Debts: Amount Pas	Due:

p(6) and (7)(C) PART E: COMPLIANCE WITH CONDITIONS OF SUPERVISION DURING THE PAST MONTH Were you questioned by any law enforcement officers? Were you arrested or named as a defendant in any criprinal case?

☐ Yes ☐ HO ☐ Yes If yes, date: If yes, when & where? Agency: Charges: Disposition: Reason' (Attach copy of citation, receipt, charges, disposition, etc.) Were any pending charges disposed of during the month? Was anyone in your household arrested or questioned by law enforcement? L No ☐ Yes Disposition: Disposition: Did you have any contact with anyone having a criminal record? Did you possess or have access to a firearm? ☐ Yes D No □ Yes If yes, whom?_ If yes, why?_ Did you possess or use any illegal drugs? Did you travel outside the district without permission2 ☐ Yes ☐ Yes If yes, type of drug: 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 drug, alcohol or mental health afterpare? Do you have community service work to perform ☐ Yes If yes, did you miss any sessions during this month? Number of hours completed this men Number of hours missed: Did you fail to respond to phone recorder instructions? ☐ Yes **⊘**No Balance of hours remaining: If yes, why? ! CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE WARNING: ANY FALSE STATEMENTS MAY RESULT IN AND CORRECT. REVOCATION OF PROBATION, SUPERVISED RELEASE OR PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A \$250,000 FINE OR BOTH. (18 U.S.C. § 1001) SIGNATURE DATE REMARKS: RECEIVED: Mail RECEIVED HC OCT 19 1998 RETURN TO: u. s. probation office northern dist. calif. Oakland U.S. PROBATION OFFICER 1301 CLAY ST., #220S OAKLAND, CA 94612 U.S. Probation Officer

PROB 8 (Rev. 6/91 b(6) and (7)(C)

REDACTED

U.S. PROBATION OFFICE MONTHLY SUPERVISION REPORT FOR THE MONTH OF

Name: All All ·	Court Name (if different):
phillip Davido	
	dress, attach copy of leaselpurchase agreement)
Street Artdraue Ant Number	Home Phone:
	Persons Uving with you:
Car es es es	. Itanof
Complex/Subdivision: Own or Rent?	Øld you move during the month? 🗆 Yes 🛍 No
	ή ,
Mailing Address (if different):	If yes, date moved: Reason for Movin
PART B: EMPLOYMENT //f une	employed, list source of support under Part D)
Name Address Phone No of Freelows	Name of immediate supervisor:
	Is your employer aware of your criminal status? Q Yes Q No
	- (JEGF
	How many days of work did you miss? Why?
all the Committee of th	
• •	Position Held: Gross Income: Normal Work Hours:
, · · /	Toma Toma Toma
Did you change jobs? Yes No If changed jobs or termin	and and and and and and and and and and
Did you change jobs?	MIEU,
PART C: VEHICLES (Lis	t all vehicles owned or driven by you)
1. Year/make/model: // Colof)	Tao Number Owner
8 DOORE VAN GREY	1 Ancy
Z Year/make/model. Color	Tag Number: Owner:
PART D: MONTE	ILY FINANCIAL STATEMENT
	Deat Death
Net Income From Employmentc	Past Due Debts: RECEIVE Myount Past Due:
(Anach proof of earthings)	
Other Income:	NOV 18 1998
TOTAL MONTHLY INCOME	The state of the s
<i>`</i> ~	U. S. PROBATION OFFISE MODITIERN DIST. CALIF.
TOTAL MONTHLY EXPENSES	ROBIHERN 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;
Assembly 15	A-assis A Northern
Account Number:	Account Number:
List all purchases of individual goods or services for which you paid \$500	or more:
Date Amount Method of Pa	

b(6) and E compliance with conditi	
Were you questioned by any law entorcement efficers? ☐ Yes ☐ No	Were you arrested or named as a defendant in any cominal case?
If yes, date:	If yes, when & where?
Agency:	Charges:
Reason:	Disposition:
	on, receipt, charges, disposition, etc.)
Were any pending charges disposed of during the month?	Was anyone in your household arrested or questioned by law enforcement?
☐ Yes (→No	O-Yes D-W6
If yes, date:	If yes, whom?
•	
Court:	Reason:
Disposition:	Disposition:
Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?
☐ Yes ☐ No	□ Yes □ Ne
	ν
If yes, whom?	If yes, why?
Did you possess or use any Illegal drugs?	Did you travel outside the district without permission?
ं □ Yes ग्रु No	☐ Yes P No
If yes, type of drug:	If yes, when and where?
	<i>Y</i>
	EY ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
NOTE: ALL PAYMENTS TO BE MADE BY MONE Do you have community service work to perform? Per D No	Do you have drug, alcohol or mental health attercare
Do you have community service work to perform?	Do you have drug, alcohol or mental health aftercare
Do you have community service work to perform? ☐ Yes	
Do you have community service work to perform?	Do you have drug, alcohol or mental health aftercare? If yes, did you miss any sessions during this month?
Do you have community service work to perform? ☐ Yes	Do you have drug, alcohol or mental health aftercare? If yes, did you miss any sessions during this month? Did you tail to respond to phone recorder instructions?
Do you have community service work to perform? I Yes I No Number of frours completed this month: Number of hours missed:	Do you have drug, alcohol or mental health attercare? If yes, did you miss any sessions during this month? Did you tail to respond to phone recorder instructions? Yes No
Do you have community service work to perform? I Yes I No Number of frours completed this month: Number of hours missed:	Do you have drug, alcohol or mental health aftercare? If yes, did you miss any sessions during this month? Did you tall to respond to phone recorder instructions?
Do you have community service work to perform? Yes No Number of frours completed this month: Number of hours missed: Balance of hours remaining: WARNING: ANY FALSE STATEMENTS MAY RESULT IN	Do you have drug, alcohol or mental health aftercare? If yes, did you miss any sessions during this month? Did you tail to respond to phone recorder instructions? If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
Do you have community service work to perform? Per D No Number of frours completed this month: Number of hours missed: Balance of hours remaining: WARNING: ANY FALSE STATEMENTS MAY RESULT IN REVOCATION OF PROBATION, SUPERVISED RELEASE OR	Do you have drug, alcohol or mental health aftercare? If yes, did you miss any sessions during this month? Did you rail to respond to phone recorder instructions? Yes No If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT.
Do you have community service work to perform? Yes No Number of frours completed this month: Number of hours missed: Balance of hours remaining: WARNING: ANY FALSE STATEMENTS MAY RESULT IN	Do you have drug, alcohol or mental health aftercare? If yes, did you miss any sessions during this month? Did you tail to respond to phone recorder instructions? If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE
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PROB 8 -

b(6) and (7)(C) U.S. PROBATION OFFICE MONTHLY SUPERVISION REPORT FOR THE MONTH OF



Court Name (if different): RESIDENCE (if new address, attach copy of lease/purchase agreement) Tu-ne Phones Other Phone; City State 7in Code Persons Living with y-Worn, Complex/Subdivision: If yes, date moved: Mailing Address (If different): PART B: EMPLOYMENT (If unemployed, list source of support under Part D) Name, Address, Phone No. of Employer. Is your employer aware of your criminal status? If Yes I No Position Held: Normal Work Hours: Gross Income: If changed jobs or terminated, that when and why: Did you change jobs? ☐ Yes Were you terminated? ☐ Yes VEHICLES (List all vehicles owned or driven by you) PART C: 1. Year/make/model: Tag Number: PART D: MONTHLY FINANCIAL STATEMENT Past Due Debts: Amount Past Due: Net Income From Employment (Attach proof of earnings) Other income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a savings account?

Yes Do you have a checking account?

O Yes TA No ☐ Individual ☐ Joint ☐ Individual □ Joint Balance: _ Balance: Bank Name: Bank Name: Account Number: Account Number List all purchases of individual goods or services for which you paid \$500 or more: Method of Payment Description of Item Date Amount

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	b(6) and (7) bin Liance with conditions	OF SUPERVISION DURING THE PAST MONTH	
	Were you questioned by any law enforcement officers?	Were you arrested or named as a defendant in any criminal case?	
	☐ Yes ☑ No	If yes, when & where?	
	7, 50, 600.		
	Agency:	Charges:	
	Reason:	Disposition:	
	Ticason.	Disposition.	
		eipt, charges, disposition, etc.)	
	Were any ponding charges disposed of during the profilm?	Was anyone in your household arrested or questioned by law entercement?	
	☐ Yes 12 Ko	☐ Yes ☐ Ne	
	Il yes, date:	If yes, whom?	
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	Court:	Reason:	
	Disposition:	Disposition:	
	·		
	Did you have any contact with anyone having a criminal record?	Did you possess or have access to a firearm?	
	☐ Yes ☐─No	☐ Yes ☐ No	
	If yes, whom?	If yes, why?	
	Did you possess or use any illegal drugs?	Did you travel outside the district without permission?	
	☐ Yes · AD NO	Yes 44	
	100 / E-110		
	If yes, type of drug:	If yes, when and where?	
	Do you have a special assessment, restitution or fine?	If yes, amount paid during the month:	
	Do you have a special assessment, restitution or fine?		
	Special assessment: Restituti	on Fine:	
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	Do you nave community service work to perform?	Do you have drug, alcohol or mental health aftercare?	_
	☐ Yes 🖫 No		
	Number of hours completed this month:	If yes, did you miss any sessions during this month?	
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	Number of hours missed:	Did you fail to respond to phone recorder instructions?	
	Balance of hours remaining:	Yes Pho	
	Amort make	If yes, why?	
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		U.S. PROBATION OFFICER	
-	•	1301 CLAY ST., #220S	
	•	OAKLAND, CA 94612	
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	U.S. Probation Officer	$\prod_{i \in \mathcal{I}_{i}} f_{i}(x_{i}) = \prod_{i \in \mathcal{I}_{i}} f_{i}(x_{i})$	
		== -	

66 and (7)(C)

REDACTED

U.S. PROBATION OFFICE MONTHLY SUPERVISION REPORT FOR THE MONTH OF Dee

Name: Court Name (if different): PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement) Home Dhone . Other Phone: City. State. Zip Code: Complex/Subdivision: _...a of Rept? If yes, date moved: 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? Dives Di No Position Held:, Gross Income: Normal Work Hours: If changed jobs or terminated, state when and why: E No Did you change jobs? ☐ Yes Were you terminated? ☐ Yes PART C: VEHICLES (List all vehicles owned or driven by you) 1. Yearlmake/model: Tag Number MONTHLY FINANCIAL STATEMENT Past Due Debts: OEINEU Amount Past Due: Net Income From Employment (Attach proof of earnings) JAN 12 Other Income: U. S. PROBATIO **TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES** Do you have a checking account?

Yes ☐ Individual ☐ Joint ☐ Individual Balance: □ 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: Description of Item Method of Payment Amount

b(6) and (7)(C)

	PART E: COMPLIANCE WITH CONDITIONS	OF SUPERVISION DURING THE PAST MONTH
	Were you questioned by any law enforcement officers?	Were you arrested or named as a detendant in any critininal case?
	If yes, date:	If yes, when & where?
	Agency:	Charges:
	Agency: (8(0)/(0)/ Hc) (8(6)/(8(7)(c)	
	,	Disposition:
		ipt, charges, disposition, etc.)
	Were any pending charges disposed of during the month? Yes X No	Was anyone in your household arrested or questioned by law enforcement?
	☐ Yes 🌠 No	
	If yes, date:	If yes, whom?
	Court:	Reason:
	Disposition:	Disposition:
		Did you possess or have access to a firearm?
	Did you have any contact with anyone having a erfminal record? .	, Draw Bossess of lave access to a meaning
	If yes, whom?	If yes, why?
	Did you possess or use any illegal drugs?	Did you travel outside the district without permission?
	☐ Yes ☐ No	□ Yes ĐNo
	If yes, type of drug:	If yes, when and where?
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	Do you have a special assessment, restitution or fine? Yes No	—If yes, amount paid during the month:
	•	on Fine:
	Openial abbotions	
	NOTE: ALL PAYMENTS TO BE MADE BY MONEY OR	DER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
	Do you have community service work to perform?	Do you have drug, alcohol or mental health aftercare?
	☐ Yes ☐ No	
	Number of hours completed this month:	If yes, did you miss any sessions during this
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<u> </u>	Number of hours missed:	Did you tail to respond to phone recorder instructions?
	Balance of hours remaining:	
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	·	1301 CLAY ST., #220S
		OAKLAND, CA 94612
	//13/90	
	U.S. Dunation Officer	

b(6) and (7)(C)

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Name:	Court Name (If different)	
Phillip C. GARRIDO)	
PART A: RESIDENCE (If new address	s, attach copy of lease/purcha	ase agreement)
Street Address. Act. Numbers	Hrima Dhose: 4	Other Phone:
City, State, Zip Code:	Persons Living with you:	, 7 Y
	11/om	- Wife Dan
Complex/Subdivision: / Own or Rent?	Did you move during &Xe month	1? A Yes A An
Malling Address (if different):	If yes, date moved:	Reason for Mo
maning Address in dinaterily.		
PART B: EMPLOYMENT (If unemp.	oyed, list source of support u	under Part Di
Name, Address, Phone No. of Employer.	Name of immediate supervisor.	
7	SPA	is your employer aware of your criminal status? (1) Yes No
	How many days of work did you	u miss? Why?
· · · · · · · · · · · · · · · · · · ·	1.50 many days or work did you	YVIIY I
	Position Held: Gros	s Income: Normal Work Hours:
Did you change jobs? Yes I No If changed jobs or terminated Were you terminated? Yes State when and why:		
PART C: VEHICLES (List ali	vehicles owned or driven by	you)
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PART D: MONTHLY Net_Income From Employment (Attach proof of earnings) Other Income: TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES Do you have a checking account?	Past Due Debts: Do you have a savings account? Individual Jo Bank Name: Account Number:	Amount Past Due: Past Due: Past Due: Amount Past Due: All F.

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Disposition: Disposition: Disposition: Pres Disposition:	Were you questioned by any law enforcement officers? ☐ Yes ☐ No	Were you arrested or named as a defendant in any criminal case?
Disposition: Disposition: Disposition: Pres Disposition:	If yes, date:	If yes, when & where?
Disposition: Disposition: Disposition: Pres Disposition:	b(6),and (7)(-)	Charges:
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If yes, date:	(Attach copy of citation	n, receipt, charges, disposition, etc.)
If yes, date		
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Did you have any contact with anyone havings contains incord? Yes	Court:	Reason:
Yes END Yes END Yes END Yes END	Disposition:	Disposition:
Did you possess or use any illegal drugs? Yes No Yes No If yes, type of drug: If yes, when and where?		
Yes Yes	If yes, whom?	If yes, why?
Do you have a special assessment, restitution or fine? PNO—If yes, amount paid during the month: Special assessment:	And Market and the Andrew	
Restitution Fine:	If yes, type of drug:	If yes, when and where?
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	Description of the state of the	This I have a sound point during the month.
NOTE: ALL PAYMENTS TO BE MADE BY MONEY ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY Do you have community service work to perform Yes DNo 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: RECEIVED: MailOC RETURN TO: U.S. PROBATION OFFICER I 30 I CLAY ST., #220S OAKLAND, CA 946 I 2		
Do you have community service work to perform Yes	Special assessment: Res	stitution Fine:
Number of hours completed this month: Number of hours missed: Did you rail to respond to phone recorder instructions? Did you rail to respond to phone recorder instructions? Over the phone recorder instructions? Over the phone recorder instructions? Over the phone recorder instructions? Over the phone recorder instructions? Over the phone recorder instructions? Over the phone recorder instructions? Over the phone recorder instructions? Over the phone recorder instructions? Over the phone recorder instructions? Over the phone recorder instructions? Over the phone recorder instructions? Over the phone recorder instructions? Over the phone recorder instructions? Over the phone recorder instructions? Over the phone recorder instructions? Over the phone recorder instructions? Over the phon	NOTE: ALL PAYMENTS TO BE MADE BY MONE	Y ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
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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: Did you tall to respond to phone recorder instructions? If yes, why? I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. AND CORRECT. WANTIALE OC HC RECEIVED: U.S. PROBATION OFFICER 1 30 1 CLAY ST., #2 20S OAKLAND, CA 946 1 2	and the second s	
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U.S. Probation Officer Date		
U.S. Probation Officer Date	7./171	69
	U.S. Probation Officer Date	

U.S. PROBATION OFFICE NTHLY SUPERVISION REPORT FOR THE MONTH OF Name: Court Name (if different): RESIDENCE (If new address, attach copy of lease/purchase agreement) Street Address, Apt. Number: Other Phone: Persons Living with you: Comptex/Subdivision: If yes, date moved: Mailing Address (if different): PART B: EMPLOYMENT (If unemployed, list source of support under Part D) Namej Address, Phone No. of Employer: Why? Position Held: Gross Income: Normal Work Hours: D/NE If changed jobs or terminated, Did you change jobs? ☐ Yes D/No state when and why: Were you terminated? ☐ Yes PART C VFHICLES (List all vehicles owned or driven by you) Tag Number PART D: MONTHLY FINANCIAL STATEMENT HECEIVE Amount Past Due: Past Due Debts: Net Income From Employment (Attach proof of earnings) MAR 23 1999 Other Income: U. S. PROBATION OFFICE HORTHERN DIST. CALIF. TOTAL MONTHLY INCOME OAKLAND TOTAL MONTHLY EXPENSES Do you have a savings account?

Yes No Do you have a checking account? Yes No ☐ Individual ☐ Joint ☐ Individual ☐ Joint Balance: Balance: Bank Name: Bank Name: Account Number: Account Number:

Method of Payment

Description of Item

List all purchases of individual goods or services for which you paid \$500 or more:

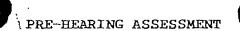
Amount

Date

	D(6) THAT E. COMPLIANCE WITH CONDITI	ONS OF SUPERVISION DURING THE PAST MONTH
	Were you questioned by any law enforcement officers? ☐ Yes ☐ No If yes, date:	Were you arrested or named as a defendant in apy criminal case? ☐ Yes ☐ No If yes, when & where?
	Agency:	Charges:
	Reason:	Disposition:
	(Attach copy of citation Were any pending charges disposed of during the month?	n, receipt, charges, disposition, etc.) Was anyone in your household arrested or questioned by law enforcement?
	☐ Yes Ø No	☐ Yes ☐ No
	If yes, date	If yes, whom?
•	Court:	Reason:
	Disposition:	Disposition:
	Did you have any contact with anyone having a criminal record? ☐ Yes ☑ No	Did you possess or have access to a lirearm?
	If yes, whom?	If yes, why?
	Did you possess or use any:illegal drugs?	Did you travel outside the district without permission?
	□ Yes □ No	□ Yes □ No
	If yes, type of drug:	If yes, when and where?
		Y ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.
	Do you have community service work to perform?	Do you have drug, alcohol or mental health aftercase?
	☐ Yes ☐ 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 lostructions?
	Balance of hours remaining:	Yes D 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.	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT
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	(18 U.S.C. § 1001)	SIGNATURE DATE RECEIVED:
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		RECEIVED:

Document No. 23:

Prehearing 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] [Y	ES]
REVIEWER: Stoops (imf 10-23-87) DATE: 10-22-87
	,

PRESENT OFFENSE: I.

- Subject was convicted by trial of Kidnapping. (a)
- 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.
- The offense behavior is rated as Category Seven because it involved Kidnapping and Rape.
- SALIENT FACTOR SCORE: II.

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.

Subject is not a probation/parole/confinement/escape status E = [1]violator.

does not have a history of opiate dependence



TOTAL SCORE



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

III. The guideline range is 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 in the same of the same o

kidnapping. It is also noted that he was charged.

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

V. CODEFENDANTS:

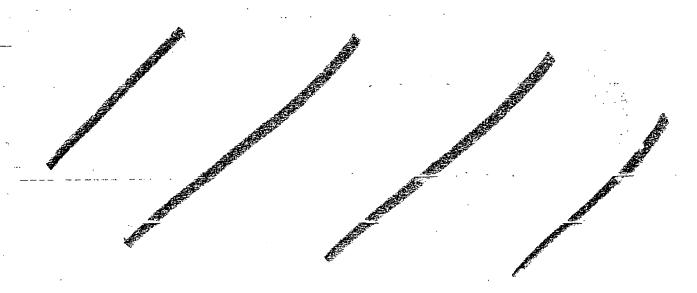
None.

VI. FORM USA-792, AO-235, AO-337:

None.

Institutional Adjustment:

There is no current progress report, but it is noted



VII. PAROLE ON THE RECORD:

No.

(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 in in 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.

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

INITIAL HEARING SUMPRY

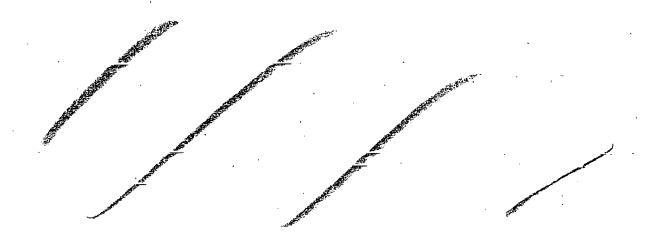
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Name: <u>CARRIDO</u> , Phillip Craig	Severity Category: seven SFS:
Reg. No.: 36377-136	Guideline Range:
Institution: USP Lompoc	Recommended release: 1-21-88
Hearing Date: 11-5-87	after service of 134 months.
	Hearing Panel:
************	******************

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 rapped her. Subjected 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.

- 2. Modifications/Additions/Corrections from Prehearing Assessment: None.
- 3. INSTITUTIONAL FACTORS
 - (a) Discipline: (covered in pre-review)



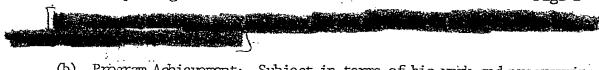
(B(6)/(B(7)(c)

(b)(5)

GARRIDO, Phillip Craig

36377-136

Page 2



(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.

4. FINES/RESTITUTION

Not applicable.

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.



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, of Antioch, California.

It is quite obvious that his mother is very supportive of him as well as his wife.

CARRIDO, Phillip Craig

36377-136

Page 3

The third representative was the Unit Manager, USP Lompoc. 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. The last 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 months.

Subject was a 25-year-old offender with

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 months.

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.

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 the special CTC condition and

Document No. 25:

Parole Guideline Worksheet

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

Preliminary Assessment/Parole-Reparole Guideline Worksheet
Institution 115 P Lorrigon

0/ 00 (2)(1) (6)
Name: Aarrido, Thillip Craig Reg. No. 34377-136 Hearing Date: 11/5/87
Reasons: (Circle and complete each applicable reason)
1. Your (offense) (parele violation) behavior has been rated as Category Severity because of in rolling
Kidnapping and rape
Your salient factor score (SFS-81) is (See below). You have been in (federal) (state and federal) confinement as a result of your behavior for a total of months. Guidelines established by the Commission indicate a range of 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 months to be served.
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) [1//=/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.

	on outside the guidelines at this consideration not		(B(6)/(B(7)(c)
(b) A decis	the guidelines appears warran	ted because:	
☐ You ☐ You ☐ You	r offense behavior involved the following (aggrave are a (poorer) (better) risk than indicated by your are a more serious risk than indicated by your sal have a record of (institutional misconduct) (super	ating) (mitigating) factors: r salient factor score in that: ient factor score in that:	ment), specifically:
		-	
			·
Note: When	using more than one reason in 4(b), number each	and draw a line from the colon to	o each applicable continuation.
	on above the guidelines is mandated in that you ha		ceeds the guideline range.
8. The abov	e decision includes a month credit for su	perior program achievement; spec	ifically:
9. A decision	n more than 48 months above the minimum guide	eline range is warranted because	
	·		
exceeding the considered a	ategory Eight, no upper limits are specified due to e lower limit of the applicable guideline category re to be specified in the reasons given (e.g., that a at extreme cruelty or brutality was demonstrated).	BY MORE THAN 48 MONTHS, a homicide was premeditated or co	, the pertinent aggravating case factors ommitted during the course of another
	uired by law, you have also been schedu the docket immediately preceding completion of the		earing (during
Revocation	nearing checklist (TYPIST DO NOT TYPE)	• •	W X/N
Has com Advised Advised Has had Advised Advised Advised Advised Advised Advised Advised	ved notice of hearing pleted Forms CJA-22 and I-16 (F-2) of right to Counsel (retained or court-appointed) of right to have voluntary witnesses sufficient time to prepare case and/or confer with of right to cross-examine adverse witnesses (mention informal, non-adversary nature of hearing will receive recommendation today and final decision right to appeal	ion only if adverse witnesses are particles in 21 days, except in emerger	
	ved a copy of Form H-20 (warrant application), in fright to present explanation of charges, after ad-		

Document No. 26:

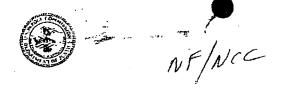
Letter from the Offender to USPC

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

DEC (1 1 2 PM 187
DEAT SIT SAN FRANCISCO REGION
Please send A copy of my Parole hearing
Tape of Noy 5, 1987. I would like To TAKE iT
To The STATE bearing.
7.
Thank you
Philip GALLIDO 36871-136
3901, Rlien Blud. (L-UNIT)
Lompoc, CAlif
93436
Philly Garriel
- Internation
The state of the s
Case manages:
PAROLE OFFICER/AUTHORIZED BY ACT OF JULY 7, 1955 TO ADMINISTER OATHS (18 USC-4004)
ACT OF JULY 7, 1955 TO ADMINISTED
ţ ·

Document No. 27:

Letter from USPC to the Offender



U.S. Department of Justice United States Parole Commission

1/8

REDACTED

(8(6)/(B(7)(c)

1301 Shoreway Road, Fourth Floor Belmont, California 94002

December 25, 1507
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.



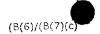
Enclosure(s) (l tape(s))

Document No. 28:

Letter from U.S. Probation Office Reno, NV to

U.S. Probation Office Oakland, CA





UNITED STATES DISTRICT COURT

DISTRICT OF NEVADA



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

Reno Office REPLY TO



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

August 23, 1988

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

Attention:

U. S. Probation Officer

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

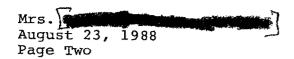
PRETRANSFER REQUEST

Dear Mrs.

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

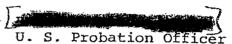
We have been in telephonic contact with the United States Parole Commission and have informed her of your tentative approval of Mr. Garrido's release plans. still unclear as to whether or not Mr. Garrido will be required to reside in a halfway house and we have asked clarify this issue directly with 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.



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

Sincerely,





Enclosures

cc:

United States Parole Commission

Document No. 29:

Letter from U.S. Probation Officer to USPC



UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA PROBATION OFFICE



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

∰r∰ase HEPKY το:

1330 BROADWAY
SUITE #400
DAKLAND, CA 94612-2504

DALLAS RECEASE 10-273-7101

March 15, 1993

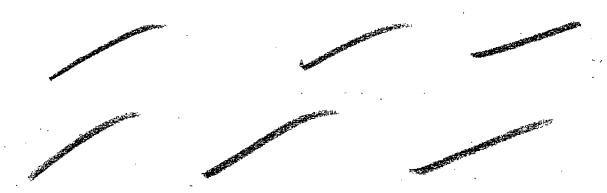
Commissioner
U. S. Parole Commission
525 Griffin Street, Suite 820
Dallas, TX 75202-5097

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

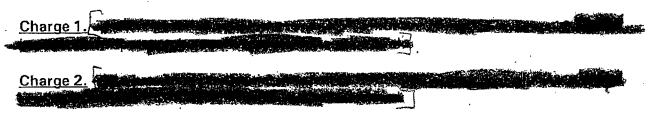
WARRANT REQUEST

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.



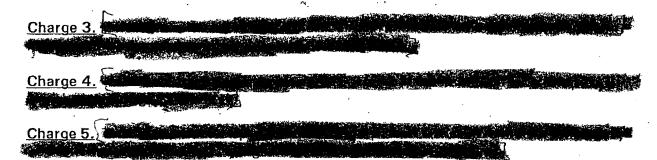
It is alleged that the parolee violated parole conditions as follows:



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

Commissioner
U. S. Parole Commission
March 15, 1993
Page 2

RE: GARRIDO, Phillip



The crime for which the parolee was sentenced was extremely violent

It is recommended that a parole warrant be issued as soon as possible.

Sincerely,

Probation Officer

REVIEWED AND APPROVED BY:

Supervising U. S. Probation Officer

Document No. 30:

Memo from USPC analyst to USPC Commissioner

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

(b)(5)

MEMO

TO: VICTOR M. Commission		FROM: Case Analyst
NAME: GARLIT	O, PHILLIP	DATE: 03-17-93
REG. NO. 3637	7-136	
ANALYST RECOMMENDATION:	ASSUME CUSTODY WARRANT	
		· · · · · · · · · · · · · · · · · · ·
SUMMARY:	A SERVING A SO YR TERM FOR	KIDNAPPING, A CAT. 7. DEFENSE
	W/SFS OF SPECIFICALLY A LAKE TAHOE CALIF TO RENO NEW	TRANSPORTED FEMALE VICTIM FROM SO
·	SPECIFICALLY STATE, IT APPEALS A	RAPED METIH. A WAS CONVICTED OF
		ATE TELL WAS CONC. TO FED. TELM.
		A PAROLED 01-20-88 W/ FTD
	04-10-2027:	
	10 REQUESTING WARR -	TUSLENT YOURS
•	IO ADDITIONALLY	
•		
AGREE	DISAGREE	DISCUSS
÷ 1. 14		
	Date	Victor M. F. Reyes

Document No. 31:

Warrant and warrant application

U.S. Department of Just United States Parole Commission ** W A R R A N T

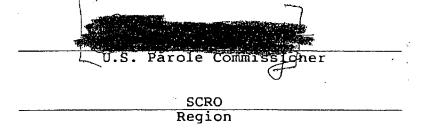
To Any Federal Officer Authorized To Serve Criminal Process Within The United States:

Whereas, GARRIDO, Phillip Craig Reg. No. 36377-136 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



Parole Form H-21 APR.83

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

DEPARTMENT OF JUSTICE UNITED STATES PAROLE COMMISSION

WARRANT APPLICATION

N/CA ·

ISSUING REGION South Central Case Of GARRIDO, Phillip Craig

Cauc. Race 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

Transferred To

Date 03-18-93

Reg. No. ~ 36377-136

. FBI.. No...

Parole

Released 01-20-88

Termination Date 04-10-2027

M.R.

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 origina) 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:

I ADMIT [] the above charge(s).] or DENY [

PAGE 1 OF 2

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

S. DEPARTMENT OF JUSTICE UNITED STATES PAROLE COMMISSION

WARRANT APPLICATION

ISSUING REGION South Central Case Of GARRIDO, Phillip Craig

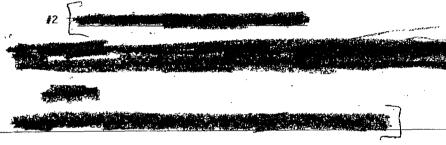
Race Cauc. Birth Date



Date 03-18-93 Reg. No. .36377-136ي

FBI No.

CHARGES:



I ADHIT [! the above charge(s). or DENY [

PAGE 2 OF 2

Warrant Recommended By: 03-18-93 Date Warrant Issued District To Which Sent N/CA Preliminary Interview Required: YES [X] NO [] U.S. Parele Commission () USPO () Interviewing Officer () Chron () Institution () Commission () Immate PAROLE FORM H-20 Rev. 6/87

Memorandum REDACTED





Subject: WARRANT APPLICATION AND WARRANT

Date Warrant Issued:

Case of:

GARRIDO, Phillip Craig

Req. No. 36377-136

March 18, 1993

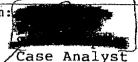
To:

United States Marshal

P.O. Box 36056

San Francisco, CA 94102

From:



Enclosed are copies of Warrant Application and Warrant in duplicate, issued by the United States Parole Commission for the above-named parolee. Notify the <u>South Central Regional Office</u> 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.
- See attached special instructions.

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

Copy to USPO 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

KEDACTED	B(6)/(B(7)(c) ACATION & INITIAL SUPERVISION	
IME: Garado, Phillip	TYPE OF CASE: Parole	OFFICER:
eriod of Supervision 1-20-88	supervision level	High SPS RPS
PECIAL CONDITIONS:	Override	Necessary: N (Y/N)
NAFine \$ NA Restitution \$ NA Community Service		er month.
UPERVISION PROBLEMS INDICATED: NO = None DR = Drug Abuse KH = Employment AL = Alcohol Abuse	RL = Financial PS = CA = Criminal Associates DO = ED = Education MS = OT = Other (Explain)	order of seriousness) = Psychiatric = Domestic = Montioring/Surveillance
UPERVISION PLAN: Client Objectives (Number in o	order of importance)	
Compliance with supervision co Abstain from Drugs Abstain from alcohol Counseling Other	Employment Financial st Domestic st Kducational	
Officer Objectives [Check obje	ctive(s)]	
Surveillance Only X Roo X Other (Explain)	tine Supervision	
	Monthly; $Q = Quarterly$; $R = Range Rang$	ndom)
m v/Client R v/Family R	Office R Employment R Law	Enforcement M Services
•	es No How? Ursil and Pay	STUB
	Yes X No How?	
	otherd party risk in This case	The second secon
Application of the second	Land in the Colonial To Water	रूप रिप्रिक्
. *	o travel is to be allowed to Move	ad the circ of the
	15 STILL IN The alea,	
OMHENTS:		
and the second of the second o		
	and the second s	

Supervisor/Date

-8-10-89

Probation Officer/Date

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

CASE REVIEW WORKSHEET

CASE NAME: PLillip Girodo D supervision began: 1/20/88 r	officer: date: 2/16/9 ()
/ /	
ak comments	teras
рното .	PROBATION:
FBI flash/prints	Parole: 12-16-88 _ 4/10/2027
Form #7/J&C	Sup./Rel.
Special Instructions	Registration DRUGSEXX
PSR & Classification Mat.	Classification HIXLO_ADM
OFFENCE: Kidnapping	
S. Lance	
	SUPERVISION
[] FineBal	_\$ Mos. remaining
	.\$under supervision
[] Vol./Service.HrsBal	AGENCY
and the second s	
to the state of th	
[]Other	
7	-
VIOLATIONS Reported to co	urt/parole commission?
/ves/nn	/ Yes/an
CASE A	s current? Covery parole F-3 1/90
ISP complete 8/10/87 Case summarie	s current? Covers parole F-3 1/90
/ datte	13 months
CASE CONTACTS	
	last p/v <u>/-5-90</u> date of last h/v <u>/2-1</u> -87
yes/no	Merc et a
Monthly Reportscurrent 46 De	1. 105.081
Chronoscurrent? 4 COMMENTS_	The second secon
EMPLOYMENT YCS with	
Risk Assessment completed?	Comments D Could be segar
CASE PROBLEMS None	anvictor and amost status Emplace
CHSE PROBLETS NOTE	sully a varie of studien To
SERVICE REFERRAL MADE?to:_	
CASE ACTIVITY/TRANSFERS/COMMENTS	ie.
HIGH ACTIVITY rea	
time and energy !	HOS STOSPER IT INERS
closely manifold	

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

CASE REVIEW

NAME PHILLIP GIRRADO TYPE OF CASE: PAROLE OFFICER:
Period covered 1-20-88 to 1-90 CLASSIFICATION Hix Lo
(2/months) 13 maths
SPECIAL CONDITIONS OF SUPERVISION None ()
Fine\$ NA Bal. \$ mos. remaining to collect
Postitution S WA Bal C unnaid balance
Vol./Service hrs. NA Bal. hrs. Agency
Other good it is not Divising Over a street to the property of
Other conditions: RESULTS OVER A TWO YEAR PERIOD.
SUPERVISION CONTACTS
Personal: 0/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
Drug Abuse = DR Financial = FI
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 Verified YES
Monthly income \$ No. in household 3 Monthly reports current? yes X no
Monthly reports current: yes_x no
SUPERVISION PLAN
Have problems during this period been addressed? YES
HOW? CONSTANT OBSERVATION AND COUNCELING VERY CLOSE SUPERVISION IS MAINTAINED IN THIS CASE.
AND THE ATTENTION OF
MITTO APPTARA TO ICENSE TRUMIC PALACINE
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 CONDUCIVE BUT EMPLOYER IS WELL AWARE
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 CONDUCIVE BUT EMPLOYER IS WELL AWARE
TRAVEL/ASSOC. RESTRICTIONS: NONE OTHER THAN TO LAKE TAHOE
CLASSIFICATION THIS PERIOD: HIGH
PROB. OFFICER DATE 2-7-90SUSPO DATE 1 10/90

CASE REVIEW WORKSHEET

ok: coments	teres
РНОТО	PROBATION:
FBI flash/prints	Parole: 12-16-88 to 4-10- 2027
Form #7/J&C	Sup./Rel.
Special Instruction	Registration DRUG SEX X
PSR & Classificatio	on Mat. Classification HIXLO_ADM
] Fine\$] Restitution\$] Vol./Service.Hrs	NDITION OF SUPERVISION Bal.\$ Mos. remaining Bal.\$ under supervision Bal. AGENCY
] OtherRepar	-ted to court/parole commission? yes/me COSE OCTIVITY COVERS
SP complete 8-10-89 Case date CASE CONT	CASE ACTIVITY Covers (compared to summaries current? 10 months parole F-3 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.
VIOLATIONS Report Yeshio (SP complete 8-10-89 Case date CASE CONT CONTacts w/in style) Delow Standworking Monthly Reportscurren Chronos current? Yes	CASE ACTIVITY Covers E summaries current? 10 Month parole F-3: 7. Yes/no TACTS E date of last p/v 7-10-90 ate of last h/v 1 at NO Del. 2 Mos.del 10 3 11/90 COMMENTS
SP complete 8-10-89 Case date CASE CONT. contacts w/in style action of the contacts with style action of the contact with style action	CASE ACTIVITY COURS CASE ACTIVITY E summaries current? 10 month parole F-3 7. Yes/no PACTS Acts Adate of last p/v 7-10-90 ate of last h/v 1 At NO Del. 2 Mos.del 10 3 11/90 COMMENTS the summaries current? 10 month parole F-3 7. Yes/no Cours C
SP complete 8-10-89 Case date CASE CONTROLLE STANDER S	CASE ACTIVITY Cours E summaries current? 10 Month parole F-3 7. Yes/no PACTS Tacts
SP complete 8-10-89 Case date CASE CONTROLLE STANDERS (NO	CASE ACTIVITY COURS CASE ACTIVITY E summaries current? 10 month parole F-3 7. Yes/no PACTS CASE ACTIVITY PACTS ACTS A

CASE REVIEW

	YPE OF	CASE:	PAR	OFFICER:		
Period covered 1-90 to	10		Gr = 46 - 1			
COULY 5 10.			CLASSII	CICATION	HI X	Lo
SPECIAL CONDITIONS OF SUPERVISI	ON	None	()			•
Fine\$\frac{N/A}{A} \text{Bal.} Restitution\$\frac{N/A}{A} \text{Bal.}	\$	mos.	remaini	ng to col	llect	•
Restitution\$ N/A Bal.	\$	unpai	d balar	ice		
Vol./Service hrs. <u>N/A</u> Bal.	hrs.	Age	ncy			
The second secon			Sheet Species			
The second secon	等 一种	A TO WAR				
The second secon		· 大学		THE STATE OF THE S	177.75	-
Other conditions:						
SUPERVISION CONTACTS		,	•			
		~ /~		_		
Personal: 0/V <u>3</u> H/V Collateral: Family 3 Land	<u>l</u>	5/ V_5	T/C	Employee	2	•
Date of last contact 8-13-	an bate	of la	st home	_mproyer_		
Date of fast contact of 15.	20 Dace	OI IA	SC HOME	VISIC IZ	1-03	
SUPERVISION PROBLEMS	•					
	_	<u></u>		THE RESERVE AND THE PERSON		
*List in order of impo	ortance					
Drug Abuse = DR Finance	ciai Fion	= ED	Crim	Accod :	C3	
Employment = EM Vocati	ional	= VO	Monito	r/survel	CA =- MS	
Domestic = DO Psych:	iatric	= PS	Other_			
Alcohol Abuse = AL Educat Employment = EM Vocat Domestic = DO Psych New arrest/police contact	yes	no_X_	when		e edicies.	
Dispo.	Adjusti	ient p	roblems			
			المرابعة (100 م <u>ا رسيم)</u> -			
FINANCIAL STATUS				•		
FINANCIAL STATUS				•	-	
•	5			Verified_	YES_	
Employed? <u>YES</u> Agency SALES	o, in ho	nisena	IO THREE	Verified_	YES_	
•	S o. in ho yes <u>X</u>	nisena	IO THREE	Verified_ E	YES_	٠,
Employed? YES Agency SALES Monthly income Monthly reports current?	o. in ho	nisena	IO THREE	Verified_ E	YES_	٠٠ ,
Employed? <u>YES</u> Agency SALES	yes <u>X</u>	useno. 		<u>s </u>	YES	
Employed? YES Agency SALES Monthly income Monthly reports current? SUPERVISION PLAN Have problems during this property the second results of the second results of the second results	yes <u>X</u> period b	no_ no_ een ac ESSIO	ddresse	i? <u>yes</u>	YES	· · · · · · · · · · · · · · · · · · ·
Employed? YES Agency SALES Monthly income Monthly reports current? SUPERVISION PLAN Have problems during this p	yes <u>X</u> period b	no_ no_ een ac ESSIO	ddresse	i? <u>yes</u>	YES	
Employed? YES Agency SALES Monthly income Monthly reports current? SUPERVISION PLAN Have problems during this property: A CHANGE OF PO'S HAS BEEN	yes <u>X</u> period b	no_ no_ een ac ESSIO	ddresseons AND	YES		
Employed? YES Agency SALES Monthly income Monthly reports current? SUPERVISION PLAN Have problems during this property and the problems during this property and the problems of the property of the problems	yes_X period b SELING S DISCUSS	no_ een ac ESSION	ddressed NS AND THE COUNTY	YES ELLOR IS NOW DO	DING	,
Employed? YES Agency SALES Monthly income No No Monthly reports current? SUPERVISION PLAN Have problems during this property and the problems during the problems of Po's HAS BEEN WELL AND HE IS COMFORTABLE	yes X period b SELING S DISCUSS	een ac ESSION ED WIT	ddressed NS AND THE COUNTY THE COUNTY THE SUBJ	YES ELLOR IS NOW DO JPERVISION	DING	15
Employed? YES Agency SALES Monthly income Monthly reports current? SUPERVISION PLAN Have problems during this property and the problems during this property and the problems of the property of the problems	yes X period b SELING S DISCUSS	een ac ESSION ED WIT	ddressed NS AND THE COUNTY THE COUNTY THE SUBJ	YES ELLOR IS NOW DO JPERVISION	DING	
Employed? YES Agency SALES Monthly income Monthly reports current? SUPERVISION PLAN Have problems during this p HOW? THROUGH REGULAR COUNS A CHANGE OF PO'S HAS BEEN WELL AND HE IS COMFORTABLE ARRANGEMENTS. THE CURRENT	yes_X period b SELING S DISCUSS WITH H F ARRANG	een ac ESSION ED WIS EMENT	ddressed S AND THE COUNTY SUBJECT SUBJ	YES SELLOR IS NOW DO JPERVISION MAINTAIN	DING	
Employed? YES Agency SALES Monthly income Monthly reports current? SUPERVISION PLAN Have problems during this p HOW? THROUGH REGULAR COUNS A CHANGE OF PO'S HAS BEEN WELL AND HE IS COMFORTABLE ARRANGEMENTS. THE CURRENT	yes_X period b SELING S DISCUSS WITH H F ARRANG	een ac ESSION ED WIT	ddressed S AND THE COUNTY SUBJECT SUBJ	YES SELLOR IS NOW DO JPERVISION MAINTAIN	DING	4
Employed? YES Agency SALES Monthly income Monthly reports current? SUPERVISION PLAN Have problems during this p HOW? THROUGH REGULAR COUNS A CHANGE OF PO'S HAS BEEN WELL AND HE IS COMFORTABLE ARRANGEMENTS. THE CURRENT	yes X period b SELING S DISCUSS WITH H F ARRANG DISCUSS	een ac ESSION ED WIC EMENT NE AS (RAPE)	ddresse NS AND THE THE COUNTY THE COUNTY THE COUNTY THE SUBJECT WILL BITTONG AS	I? YES ELLOR IS NOW DO JPERVISION MAINTAIN	DING	•
Employed? YES Agency SALES Monthly income Monthly reports current? SUPERVISION PLAN Have problems during this property and the problems during this property. A CHANGE OF PO'S HAS BEEN WELL AND HE IS COMFORTABLE ARRANGEMENTS. THE CURRENT THIRD PARTY RISK: (Type of offer AND COUNSELING REMAINS CONTRAVEL/ASSOC. RESTRICTIONS: No. 100.	yes X period b SELING S DISCUSS WITH H F ARRANG DISCUSS NO NSTANT NONE OTH	een ac ESSION ED WITEMENT EMENT NE AS (RAPE)	dressed NS AND THE COUNTY THE COU	I? YES ELLOR. IS NOW DO JPERVISION MAINTAIN	DING	
Employed? YES Agency SALES Monthly income No Monthly reports current? SUPERVISION PLAN Have problems during this property and the problems during the provided regular couns a change of Po's has been well and he is comfortable arrangements. The current third party risk: (Type of offer and counseling remains con	yes X period b SELING S DISCUSS WITH H F ARRANG DISCUSS NO NSTANT NONE OTH	een ac ESSION ED WITEMENT EMENT NE AS (RAPE)	dressed NS AND THE COUNTY THE COU	I? YES ELLOR. IS NOW DO JPERVISION MAINTAIN	DING	
Employed? YES Agency SALES Monthly income Monthly reports current? SUPERVISION PLAN Have problems during this period: A CHANGE OF PO'S HAS BEEN WELL AND HE IS COMFORTABLE ARRANGEMENTS. THE CURRENT THIRD PARTY RISK: (Type of offer AND COUNSELING REMAINS CONTRAVEL/ASSOC. RESTRICTIONS: NECESSIFICATION THIS PERIOD: LO	yes X period b SELING S DISCUSS WITH H F ARRANG DISCUSS NO NSTANT NONE OTH	een ac ESSION ED WICEMENT NE AS (RAPE)	dressed NS AND THE COUNTY THE COU	I? YES ELLOR. IS NOW DO JPERVISION MAINTAIN	DING	

TRANSFER/SUMMARY CHECKLIST.

PROB. DEETCER

CASE NAME: Phillip Carrido

CURRENT ADDRESS

TELEPHONE H CASE NO. CR-REG. NO. 0036377-136

CASE STATUS.

CONDITIONS OF PROBATION/PAROLE

FINE ORDERED \$ 0 RESTITUTION \$ 0

jagency.

COMMUNITY SERVICE HRS 0

∵balance \$ `balancë-\$ balance of hrs.

verified by

AGTION BY OFFICER

is subject in full compliance with all conditions Probation/Parole? It not; what action has been taken? comment:

Has the Court/Parole Commission been advised? comment:

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**O**ffi

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CASE REVIEW

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NAME_GARRIDO, PHILLIP TYPE OF CASE: PAR OFFICER:
Period covered 10-90 to 1-91 CLASSIFICATION Hi X Lo
$3M_0$
SPECIAL CONDITIONS OF SUPERVISION None ()
Fine\$Bal. \$mos. remaining to collect
Restitution\$ Bal. \$ unpaid balance
Vol./Service hrs. Bal. hrs. Agency
Vol./Service hrs. Bal. hrs. Agency
Other conditions:
SUPERVISION CONTACTS
Personal: 0/V H/V C/V T/C
Collateral: Family Law enforcement Employer Date of last contact Date of last home visit
Date of last contact Date of last nome visit
SUPERVISION PROBLEMS
And the state of t
*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
Employment = EM Vocational = VO Monitor/survel = MS Domestic = DO Psychiatric = PS Other
New arrest/police contact yes no_X when
DispoAdjustment problems? yes no
Explain
FINANCIAL STATUS
Employed? YES Agency SALES Verified YES
Monthly income \$\frac{VARIES}{VARIES} No. in household THREE Monthly reports current? —yes_Xno
monthly reports currents yes -xno
SUPERVISION PLAN
Have problems during this period been addressed? <u>YES</u> HOW? COUNSELLING CONTINUES TO BE AN AFFECTIVE
APPROACH TO STABILITY IN THIS CASE. SUBJ HAS DEVELOPED A GREAT DEAL OF TRUST IN HIS COUNSELLOR.
PLAN IS TO CONTINUE SAME MODE OF SUPERVISION. TRANSFER
OF OFFICERS, MAYBE IN THE FUTURE.
MITTED DATEN DICK. MIND OF OFFICERS NOW IC LONG
THIRD PARTY RISK: (Type of offense) NONE AS LONG AND (RAPE)
TRAVEL/ASSOC. RESTRICTIONS: NO TRAVEL TO TAHOE
TRAVEL/ASSOC. RESTRICTIONS: NO TRAVEL TO TAHOE High Hotivity, 4 ntil CLASSIFICATION THIS PERIOD: LOW WITH RESERVATIONS Massessed by newly PROB. OFFICER DATE - 9-41 SUSPONDED DATE -17-91 Assigned
CLASSIFICATION THIS PERIOD: LOW WITH RESERVATIONS / COSSESSED by newly
PROB. OFFICER DATE 1-5-4) SUSPO DATE 1-17-9/ ASSIGNED
Po s

CASE REVIEW WORKSHEET

CASE NAME: Philip Garado o supervision began: 1-20-88 r	fficer: date: 8/2,/\ eviewed by:
ak coments	terns
РНОТО	PROBATION:
FBI flash/prints .	Parole: 4-10-2027
Form #7/J&C	Sup./Rel.
. Special Instructions	Registration DRUG SEX
PSR & Classification Mat.	Classification HIXLO_ADM
OFFENCE: Kidnepping	
CONDITION OF	SUPERVISION .
[] Fine Bal [] Restitution Bal	
[] Vol./Service.Hrs. Bal	AGENCY
[] Other	
VIOLATIONS Reported to co	urt/parole commission?
CASE A	CTIVITY
ISP complete 8-10-77 Case summarie	yes/no parole F-3 OUE pecc 9]
CASE CONTACTS	, ,
contacts w/in stds? // date of	last p/v8/7/9/date of last h/v8/15/9/
Monthly Reportscurrent De Chronoscurrent? Vov COMMENTS	1Mos.del
, —	.L Business
EMPLOYMENT YOU with Fram	15 Dagintess
Risk Assessment completed?	Comments
CASE PROBLEMS None	The state of the s
SERVICE REFERRAL MADE?to:	
CASE ACTIVITY/TRANSFERS/COMMENTS	5: Doine 9 good ab
with this diffau	If CASA - O
continue monthly	excelled carrier
	THE COUNTY OF TH

CASE REVIEW

NAME: GARRIDO, PHILLIP TYPE OF CASE: PAR OFFICER:
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 hrsBal. hrsAgency
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 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 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
USPO DATE 8/19/91 SUSPO DATE 8/2/5/

REDACTED (B(6)/(B(7)(c) cns	DE REVIEW WORKSHEET
CASE NAME: Phillip Gamele supervision began: 1-20-88	Officer: date: 3/2/9
ak coments	teras
РНОТО	PROBATION:
FBI flash/prints	Parole: 4-10-2027
Form #7/J&C	Sup./Rel.
Special Instructions	Registration DRUG SEX X
PSR & Classification Mat.	Classification HIXLO_ADM
OFFENCE: Ridnepp	one IRAOC
	N OF SUPERVISION
[] Fine\$	Bal.\$ Mos. remaining Bal.\$ under supervision
[] Vol./Service.Hrs.	Bal. AGENCY
[]Other	
	court/parole commission?
γεs/rσ CA:	SE ACTIVITY WAS DE
date	aries current? Ves parole F-3 bec 9/
	of last p/v2-7-92 date of last h/v/2-13-9/
γs/no Monthly Reportscurrent	Del. / Mos.del JAntFcb 92
the second second	NTS
EMPLOYMENT NO with	
Risk Assessment completed? _	VCS Comments
CASE PROBLEMS None	
CERTIFIC REFERENCE TO THE PARTY OF THE PARTY	
SERVICE REFERRAL MADE?	to:
CASE ACTIVITY/TRANSFERS/COMM	Dream to be

2	i" ~	$\overline{}$			-	-
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CASE REVIEW

NAME: GARRIDO, PHILLIP TYPE OF CASE: PAR OFFICER:
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: 0/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 = T1 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. Continue close supervision.
THIRD PARTY RISK: (Type of offense) Yes. Offense is violent rape.
TRAVEL/ABSOC. RESTRICTIONS: Standard.
CLASSIFICATION THIS PERIOD: High
USPO DATE 3/5/92 SUSPO DATE 3/5/92

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	*ancestain of exact
TR to Supervisor's case	PLAN REVIEW date due to multiple incarce rations
	incarce rations
CASE Oh:117	COETTO
NAME Garrido, POIIII INITIAL OR SUBSEQUENT PLAN DATE	COMPLETED BY OFFICER 3-76-94
INITIAL OR SUBSEQUENT_FEAT DATE	CASE TERMINATES 4-10-2027
A. Financial, Service, and Confinement Conditions	NONE
1. Are all active conditions properly identified?	DY ON ONA
2. Were appropriate activities taken to enforce:	
a. Restitution/fines/special assessments?	LY UN MINA
b. Community service?	OY UN DINA
CElectronic monitoring, CCC/home confinement?	
B. Risk Control 1. Are all supervision issues properly identified?	DY ON Substantial rick
2. Were appropriate activities undertaken to control	to worken
the offender's level/type of risk?	ZY DN
3. Is third-party risk properly addressed?	MY UN
C. Correctional Treatment	NONE
1. Are all supervision issues properly identified?	□ Y · □N
2. Were appropriate activities taken to address:	
b.	
c. Employment/education issues	
d. Financial issues	OY ON ØNIA
e. Other issues	$\square_{\mathbf{Y}} \square_{\mathbf{N}} \square_{\mathbf{N}/\mathbf{A}}$
D. Does semi-annual progress report correctly identify problems and offender's compliance?	DY ON ONA
E. If a new case, are projected activities appropriate to address supervision issues?	DY DN 10-93
F. MSR's up to date? ZY N Chronos up to date?	Y N Record check? Y N
Conditions signed? ZY N FBI flash notice?	Y N Two photos? Y N N
SUSPO's comments/directions:	
	The state of the s
	and the second s
Only 2 contact in past 8005	(3-14-74 & 9-10-93) Siveri
nature of case, are increa	
CAOD: ONE DE	
JASKS and USPC TORD	75 etelliques
1 LAST SHSK (FOLIOW 3/92) Last	F-3 1-16-91
REVIEWED AND APPROVED BY:	Date: 4-11-93
* 10. to complete 8-3 As	5 AP
* NO. TO COMPILLE OF	

= ** CORRECTIONAL TREATMENT Name: Garrido, Phillip Craiq SPECIAL CONDITIONS IN EFFECT [_] None PROBLEM AREAS [] None Physical Health Educat./Vocat. Training Employment Basic Subsistence Mental / Emotional Financial Budgeting SUPERVISION ACTIVITIES FQ-Type FQ-Type EMPLOYMENT: Referral for Services to: Contact with Agency: Assistance provided by PO EDUCATIONAL/VOCATION. TRAINING: FINANCIAL / BUDGETING: Referral for Services: _ Referral for Services to: Contact with Agency: Contact with Agency: Assistance provided by PO: Assistance provided by PO FAMILY / MARITAL Referral for Services to: Contact with Agency: Assistance by PO _ Contact with Family BASIC SUBSISTENCE MEDICAL. Referral for Services: Referral-House/Food/Clothing Serv: Contact with Agency: Contact with Agency: FREO: 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 He went into Should get job in near frure. 03/16/94 U.S. Probation Officer SUSPO Approval Date

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SEMI-ANNUAL STATUS REFORT & 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 Completed 9-6-93	(Y/N) Y	(Y/N)
Risk Control UA	N	И
Correctional Treatment	И	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:	O 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: \$

Travel Restrictions: none Special Instructions: none

Comments: Subject has full time job for first time since release.

feels subj. has made significant progress and is testing on random basis at Walnut Creek Office. Wife employed p/t. Subj cont. to see weekly and Seems to have stablized significantly over past

year.

Date

SUSPO

27-19

Date

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SUPERVISOR'S CASE PLAN REVIEW

CASE GARRIDA PHILLIP	OFFICER			•
INITIAL OR SUBSEQUENT PLAN DATE	COMPLETED	BY OFFICE	R 7-5-	-94
		RMINATES	4-10-	2027
A. Financial, Service, and Confinement Conditions	NONE	-		
1. Are all active conditions properly identified?	ИУ Ци	LI N/A	Earl co.	stited
2. Were appropriate activities taken to enforce:			9-6-	
a. Restitution/fines/special assessments?	\square Y \square N	□ N/A	, , ,	
b. Community service?	□ч □и	∐ N/A		
c. Electronic monitoring, CCC/home confinement?	אַ ע אַ	_ L N/A		
B. Risk Control		RPS 80/SFS doi	ie? 🗆 Y 🗀 N	_
1. Are all supervision issues properly identified?	$\square_{Y} \square_{N}$			
Were appropriate activities undertaken to control the offender's level/type of risk?	⊠х □и			
3. Is third-party risk properly addressed?	$\square_{Y} \square_{N}$	The same	To be a selected by the	
C. Correctional Treatment	NONE			
1. Are all supervision issues properly identified?	ZY UN			•
2. Were appropriate activities taken to address:			The second section of the second seco	
	The state of the s		San Jana	
			Sanabar and	
c. Employment/education issues	\square \square \square \square	N/A		
d. Financial issues	$\square_{\mathbf{Y}} \square_{\mathbf{N}}$	🗹 N/A 🍂	and the fact of the form of	
e. Other issues	$\square_{Y} \square_{N}$	☑N/A —	The second section of the second	
D. Does semi-annual progress report correctly identify problems and offender's compliance?	N D A	· 🗀 n/a		·
E. If a new case, are projected activities appropriate to address supervision issues?	□y □n		-3-54	
F. MSR's up to date? Y N Chronos up to date?	NU AR	Record check	<u ⊠Υ	⊔и
Conditions signed? Y N FBI flash notice?	* ZY DN	Two photos?	ДY	ЦN
SUSPO's comments/directions:		Mew Ph Meannen	hoter and l har-	'abels
All supervision areas	frop.	sty do	leldegsa	
Subject change in Hosh No	stice from	m lasc	lagas Co	SPO
to San Finicisa USTO				
Good job be 1.0. in marites	19 A an			
Tough case!		The same of the same		
REVIEWED AND APPROVED BY:			25-84	
THE PART OF STREET	F Den'			

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UPERVISOR'S CASE	E PLAN REVIEW
NAME GARRISO Phillip	OFFICER
INITIAL OR SUBSEQUENT PLAN DATE C	COMPLETED BY OFFICER /-5-55
F-3 DUE	CASE TERMINATES 4-10-2027
A. Financial, Service, and Confinement conditions:	NONE
1. Are all active conditions properly identified?	DY ON ONA FAR Completed
2. Were apporpriate activities taken to enforce:	8-6-93
a. Restitution/fines/special assessments?b. Payment agreement?c. Community service?d. Electronic monitoring, CCC/home confinement?	<pre>□ Y □ N □ N/A □ Y □ N □ N/A □ Y □ N □ N/A □ Y □ N □ N/A</pre>
B. Risk Control	INONE
 Are all supervision issues properly identified? Were appropriate activities undertaken to control the offender's level/type of risk? Is third-party risk properly addressed? Registerable offense? 	DY ON Risk to women
C. Correctional Treatment	NONE
 Are all supervision issues properly identified? Were appropriate activities taken to address: 	XX ON
a. dr. dr. dr. dr. dr. dr. dr. dr. dr. dr	
c. Employment/education issues d. Financial issues e. Other issues	OY ON ONA OY ON ONA OY ON ONA
D. Does semi-annual progress report correctly identify problems and offender's compliance?	MY ON ONA
E. If a new case, are projected activities appropriate to address supervision issues?	Y N Record check? Y N
F. MSR's up to date? Y N Chronos up to date?	•
Conditions signed? Y N FBI flash notice?	Y N Two photos? Y N
SUSPO's comments/directions:	10
lost umans facil sta	tole. Pl continued to
Conomitor of Sufferen	aceas souportail
Starter of list to concar	
REVIEWED AND APPROVED BY:	Date: /-23-55 CASEPLANFRM Rev. 8/3/94

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SEMI-ANNUAL STATUS REFORT & 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 completed 9-6-93	(Y/N) . Y	(Y/N)
Risk Control	V.	
Correctional Treatment	N .	И

PART 2 - OFFENDER'S COMPLIANCE

Special Assessment Ordered:\$ 0	Balance:	0. 0	n Schedule?	(Y/N)
Fine Ordered: \$	O Balance:	0 I	n Default?	(Y/N)
Restitution Ordered: \$	O Balance:	O ːI	n Default?	(Y/N)
Community Service Ordered: 0 Hrs	s Balance:	0 · O	n Schedule?	(Y/N)
Urinalysis: Phase: 0 #Stalls: Other Technical Violation: N (Y/N) Were all violations reported to Coursource of Income: employment	Arrests ert or Parole	s/Convicti	ns? (Y/1	1)

Travel Restrictions: Special Instructions: none

Comments: Subject continues to cooperate He remains employed at a nursery and currently has plans to healp owner redo the place. His wife who accompanies him to all PO visits is working full time for Next supv. period will focus on maintaining regular contact w// subject and monitoring his continued progress

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

TRANSFER/SUMMARY CHECKLIST

CASE NAME: GARRIDO, PHILLIP CURRENT ADDRESS:	PROB. OFFICER: TELEPHONE H: W: CASE NO.: CR- REG. NO.: 36377-136
CASE STATU	IS .
CLASSIFICATION Enhanced: high [X] low [] A How often was subj. seen? wkly [] bi-monthly [] MONTHLY REPORTS CURRENT? YES [X] NO []	dministrative: [] monthly [] quarterly [] other [X]
CASE SUMMARIES/F-3 Current? YES [X] NO []	Next Due: 7/95
CHRONOS UP-TO-DATE? YES [X] NO [] FBI #	ON FILE? YES [X] NO []
CASE PHOTOS (2)? YES [X] NO []	
If ANY case status items delinquent, what action has COMMENTS:	been taken?
CONDITIONS OF PROBA	TION/PAROLE
FINE ORDERED: \$	Balance: \$
RESTITUTION: \$	Balance: \$
COMMUNITY SERVICE HRS:	Balance of hrs.:
Agency:	Verified by:
OTHER CONDITIONS:	Other: EMP
ACTION BY OFF	ICER .
Is subject in full compliance with all conditions of Probtaken? YES Comment:	· ·
Has the Court/Parole Commission been advised? Co	mment:
TRANSFER SUM!	MARY
THIS PERSON IS EXTREMELY DANGEROUS, ALTHOU BEEN NO PROBLEMS IN THIS AREA. HE SEE	
HE IS MUCH MORE STABLE AT THIS T THIS IS A TOUCH AND GO CAS	IME THAN IS THE PAST. E AND MUST BE WATCHED CAREFULLY.
	Probation Officer:

NDC 23

SUSPO:

Name: Garrido, Phillip Craig	RVISION PLAN **
Type case:Parole (PTD Prob Mag.Prob Date received: 08/26/88 Plan for period of: 03/15/94 to 09	ob Par Mil.Par MR SPT Sup.Rel. Furlough) Expiration date: 04/10/27 1/15/94 Z027
Offense: Rape/ Kidnapping	
PUNITIVE S	ANCTIONS
PECIAL FINANCIAL, SERVICE, & CONFINEM	ENT 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:
	IDENTIFIED $[X]$ None Assets, Limited Net Income, Physical bility, Unusual Work Hours and Recurring
SUPERVISIO	N ACTIVITIES
FQ-Type Verify Special Assessment: -	FQ-Type Verify Restitution Payments -
_ Verify Fine Payments: -	_ Verify Community Services Hrs
_ Verify Home Confinement by: _ Electronic Monitoring _ Unannounced Home Contacts: _ Telephone Contacts :	Contact CCC Verify Compliance - Other:
REQ: W=Week M=Month Q=Quarter S=Semi-	 annual TYPE: P=Personal T=Tel D=Documen
AMILIA 20.	ec. monitoring in MAy 1993 He completed

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THE DESIGNATION OF STREET	TOTAL PLAN NO. 10 M
** REVISED CASE SUPERV	PO:
Type case:Parole (PTD Prob Mag.Pr Date received: 08/26/88 Plan for period of: 12/15/95 to 0	ob Par Mil.Par MR SPT Sup.Rel. Furlough) Expiration date: 04/10/27 6/15/96
Offense: Rape/ Kidnapping	
PUNITIVE	SANCTIONS
SPECIAL FINANCIAL, SERVICE, & CONFINE	MENT 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:
	I Assets, Limited Net Income, Physical ability, Unusual Work Hours and Recurring
SUPERVISIO	ON ACTIVITIES
Verify Special Assessment: - Verify Fine Payments: -	FQ-Type Verify Restitution Payments Verify Community Services Hrs.
Verify Home Confinement by: _ Electronic Monitoring _ Unannounced Home Contacts: _ Telephone Contacts:	_ 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.

** REVISED CASE SUPERVISION PLAN NO. 3 **
Name: Garrido, Phillip Craig PO:
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
Special Assessment \$: 0
Fine Balance: \$ 0 Community Service Balance: 0 Payments of \$ 0 per OR Scheduled for 0 hrs.per OR Due in full by: / / To be completed by: / /
_ Home Confinement for 0 days _ CCC Placement for period of 0 days _ Other:
PROBLEM AREAS IDENTIFIED [X] 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 Verify Special Assessment: Verify Restitution Payments - Verify Restitution Payments
Verify Fine Payments: - Verify Community Services Hrs
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.

Name: Garrido, Phillip Craig	PO:
Type case:Parole (PTD Prob Mag.Pro Date received: 08/26/88 Plan for period of: 12/15/96 to 00	ob Par Mil.Par MR SPT Sup.Rel. Furlough) Expiration date: 04/10/27 5/15/97
Offense: Rape/ Kidnapping	
. PUNITIVE S	SANCTIONS
SPECIAL FINANCIAL, SERVICE, & CONFINEN	MENT 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 NO PROBLEM AREAS. (No Current Assets/Income, Limited Disability, Mental/Emotional Disa Business Travel.)	IDENTIFIED $[X]$ None Assets, Limited Net Income, Physical bility, Unusual Work Hours and Recurring
SUPERVISIO	N ACTIVITIES
FQ-Type Verify Special Assessment: -	FQ-Type Verify Restitution Payments -
_ Verify Fine Payments:	_ Verify Community Services Hrs
<pre>_ Verify Home Confinement by:</pre>	_ Contact CCC Verify Compliance
FREQ: W=Week M=Month Q=Quarter S=Semi-	{ annual TYPE: P=Personal T=Tel D=Document
COMMENTS: Superv. was modified to include el EMP w/ no problems.	ec. monitoring in MAy 1993. He completed

=** REVISED CASE SUPERVISION PLAN NO.

Name: Garrido, Phillip Craig (PTD Prob Mag.Prob Par Mil.Par MR SPT Sup.Rel. Furlough) Type case:Parole 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 _ Special Assessment \$: Restitution Balance: \$ Payments of \$ OR Payments of \$ 0 per OR Due in full by: Due in full by: Fine Balance: \$ Community Service Balance: Payments of \$ OR Scheduled for 0 hrs.per 0 per OR Due in full by: To be completed by: CCC Placement for period of Home Confinement for 0 days Other: Other: · PROBLEM AREAS IDENTIFIED [X] 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-Typ: Verify Restitution Payments Verify Special Assessment: Verify Community Services Hrs. Verify Fine Payments: Verify Home Confinement by: Contact CCC Verify Compliance _ Electronic Monitoring Other: Unannounced Home Contacts: 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.

** REVISED CASE SUPERVISION PLAN NO. 6 **
Name: Garrido, Phillip Craig PO:
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
Special Assessment \$: 0 Payments of \$ 0 per Due in full by: / / OR Due in full by: / / Payments of \$ 0 per Due in full by: / / OR Due in full by: / /
Fine Balance: \$ 0 Community Service Balance: 0 Payments of \$ 0 per OR Scheduled for 0 hrs.per OR Due in full by: / / To be completed by: / /
_ Home Confinement for 0 days _ CCC Placement for period of 0 days _ Other:
PROBLEM AREAS IDENTIFIED [X] 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 Verify Special Assessment: Verify Restitution Payments FQ-Type Verify Restitution Payments
_ Verify Fine Payments: - Verify Community Services Hrs
Verify Home Confinement by: Contact CCC Verify Compliance Other: Telephone Contacts: Telephone Contacts : Contact CCC Verify Compliance Other:
FREQ: W=Week M=Month Q=Quarter S=Semi-annual TYPE: P=Personal T=Tel D=Document
OMMENTS: Superv. was modified to include elec. monitoring in MAy 1993. He completed EMP w/ no problems.

ONTROL **
PO: RPS-80: 0 SFS:
L CONDITIONS IN EFFECT [_] None
_ Restrict Travel:
_ Search Person / Residence / Car:
<u>X</u> Urine Surveillance Other:
LEM AREAS IDENTIFIED [] None
Pattern of Similar Crim. Act. Criminal Associations Risk related travel X History of Registerable Convictions (Sex, Arson, Drug)
ARTY RISK [_] None (Explain below)
Risk of Financial Harm to:
Notify:
N ACTIVITIES
FQ-Type MONITORING FOR LAW VIOLATIONS X 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 X Unscheduled Urine Collections R-C Search Offender Residence/Car given legal cause:
_ Restrict Travel:

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Was employed until recently. Sees every week and reports to PO regularly by phone or in person.

Names Carride Dhillin Orein	ONTROL **
Name: Garrido, Phillip Craig	PO: RPS-80: 0 SFS:
SPECIAL RISK CONTRO	L CONDITIONS IN EFFECT [_] None
_ Restricted Employment:	_ Restrict Travel:
_ Restricted Activities:	_ Search Person / Residence / Car:
_ Financial Disclosure Other:	X Urine Surveillance Other:
	LEM AREAS IDENTIFIED [] None
X Employment Financial Residence Criminal Activ. Under Superv. THIRD PA	Pattern of Similar Crim. Act. Criminal Associations Risk related travel X History of Registerable Convictions (Sex, Arson, Drug) ARTY RISK [] None (Explain below)
Risk of Physical Harm to: women in gen.	Risk of Financial Harm to:
Notify:not applicable	Notify:
SUPERVISION	N ACTIVITIES
FQ-Type MONITORING EMPLOYMENT Collateral Contact w/Employer X 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 FOR LAW VIOLATIONS X 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 X Unscheduled Urine Collections R-C Search Offender Residence/Car given legal cause:
MONITORING LIVING SITUATION X On-site Examine Living Situat. S-P	_ Restrict Travel: Verify Criminal Registration

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Was employed until recently. Sees every week and reports to Po regularly by phone or in person.

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OL CONDITIONS IN EFFECT [_] None Restrict Travel:
Restrict Travel:
_ Medeliot ildvel.
_ Search Person / Residence / Car:
X Urine Surveillance Other:
LEM AREAS IDENTIFIED [_] None
Pattern of Similar Crim. Act. Criminal Associations Risk related travel X History of Registerable Convictions (Sex, Arson, Drug) ARTY RISK [] None (Explain below)
Risk of Financial Harm to:
Notify:
FQ-Type MONITORING FOR LAW VIOLATIONS X Criminal Record Check S -1 Contact Local Law Enforce. Contact Original Arrest. Agcy. Check of Vehicle Registrations Review Telephone Toll Records Surveillance Offender/Assoc. Verify Status Pending Charges X Unscheduled Urine Collections R-C Search Offender Residence/Car given legal cause: Restrict Travel: Verify Criminal Registration
 annual TYPE: P=Personal T=Tel D=Docume

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Was employed until recently. Sees every week and reports to PO regularly by phone or in person.

Name: Garrido, Phillip Craig	PO: RPS-80: 0 SFS:
SPECIAL RISK CONTRO	OL CONDITIONS IN EFFECT [_] None
_ Restricted Employment:	_ Restrict Travel:
Restricted Activities:	_ Search Person / Residence / Car:
_ Financial Disclosure _ Other:	<pre>X Urine Surveillance _ Other:</pre>
RISK RELATED PROB	LEM AREAS IDENTIFIED [_] None
<pre>X Employment Financial Residence Criminal Activ. Under Superv.</pre> Pending charges X Violence	Pattern of Similar Crim. Act. Criminal Associations Risk related travel X History of Registerable Convictions(Sex, Arson, Drug)
THIRD P	ARTY RISK [_] None (Explain below)
Risk of Physical Harm to: women in gen.	Risk of Financial Harm to:
Notify:not applicable	Notify:
SUPERVISION	N ACTIVITIES
FQ-Type CONITORING EMPLOYMENT Collateral Contact w/Employer X Review Pay Stubs P-M CONITORING FINANCES: Review Major Purchase Agree. Credit Bureau Check Review Bank Statements Examination of Business Recs. Examine Tax Returns Verify Alimony/Child Support	MONITORING FOR LAW VIOLATIONS X Criminal Record Check S- Contact Local Law Enforce. Contact Original Arrest. Agcy. Check of Vehicle Registrations Review Telephone Toll Records Surveillance Offender/Assoc. Verify Status Pending Charges X Unscheduled Urine Collections R- Search Offender Residence/Car given legal cause:
ONITORING LIVING SITUATION X On-site Examine Living Situat. S-P X Contact Family/Signif. Others S-P	· - -

Was employed until recently. Sees every week and reports to PO regularly by phone or in person.



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Name: Garrido, Phillip Craig	PO: RPS-80: 0 SFS:	
SPECIAL RISK CONTRO	L CONDITIONS IN EFFECT [_] None _ Restrict Travel:	
Restricted Activities:	_ Search Person / Residence / Car: X Urine Surveillance	
_ Financial Disclosure _ Other:	_ Other:	
<pre>X Employment Financial Residence Criminal Activ. Under Superv.</pre> Pending charges X Violence	LEM AREAS IDENTIFIED [] None Pattern of Similar Crim. Act. Criminal Associations Risk related travel X History of Registerable Convictions(Sex, Arson, Drug)	
Risk of Physical Harm to: women in gen.	ARTY RISK [_] None (Explain below) Risk of Financial Harm to:	
Notify:not applicable	Notify:	
SUPERVISION ACTIVITIES		
FQ-Type MONITORING EMPLOYMENT Collateral Contact W/Employer X Review Pay Stubs P-M MONITORING FINANCES: Review Major Purchase Agree. Credit Bureau Check Review Bank Statements X Examination of Business Recs. Q -D Examine Tax Returns Verify Alimony/Child Support	MONITORING FOR LAW VIOLATIONS X 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	
MONITORING LIVING SITUATION X On-site Examine Living Situat. S-P X Contact Family/Signif. Others S-P	· —	
COMMENTS: Subj. is always threat to women. Hi	is offense was extremely serious. At this point he is doing better lease. He resides w/ his wife in Antioch.	

Name: Garrido, Phillip Craig	PO: PO: RPS-80: 0 SFS:
SPECIAL RISK CONTRO	OL CONDITIONS IN EFFECT [_] None
_ Restricted Employment:	_ Restrict Travel:
_ Restricted Activities:	_ Search Person / Residence / Car:
- Financial Disclosure Other:	X Urine Surveillance Other:
RISK RELATED PROB	LEM AREAS IDENTIFIED [] None
<pre>X Employment Financial Residence Criminal Activ. Under Superv.</pre> Pending charges X Violence	Pattern of Similar Crim. Act.
THIRD P	ARTY RISK [_] None (Explain below)
Risk of Physical Harm to: women in gen.	Risk of Financial Harm to:
Notify:not applicable	Notify:
SUPERVISION	N ACTIVITIES
FQ-Type MONITORING EMPLOYMENT Collateral Contact w/Employer X Review Pay Stubs P-M MONITORING FINANCES: Review Major Purchase Agree. Credit Bureau Check Review Bank Statements X Examination of Business Recs. Q -D Examine Tax Returns Verify Alimony/Child Support	Contact Original Arrest. Agcy. Check of Vehicle Registrations Review Telephone Toll Records Surveillance Offender/Assoc. Verify Status Pending Charges
	_ Restrict Travel:

= ** CORRECTIONAL TREATMENT Name: Garrido, Phillip Craig PO: SPECIAL CONDITIONS IN EFFECT [_] None Obtain/Maintain Employment Complete Vocat. Educa. Program Other: PROBLEM AREAS [] None Physical Health _ Employment Educat./Vocat. Training Basic Subsistence Mental / Emotional Financial Budgeting SUPERVISION ACTIVITIES FQ-Type FQ-Type EMPLOYMENT: Referral for Services to: Contact with Agency: _ Assistance provided by PO EDUCATIONAL/VOCATION. TRAINING: FINANCIAL / BUDGETING: Referral for Services to: Referral for Services: Contact with Agency: Contact with Agency: Assistance provided by Pó Assistance provided by PO: FAMILY / MARITAL Referral for Services to: Contact with Agency: Assistance by PO _ Contact with Family BASIC SUBSISTENCE -MEDICAL _ Referral for Services: Referral-House/Food/Clothing Serv: Contact with Agency: _ 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: TO DATE D HAS BEEN VERY COMPLIANT AND HAS POSED NO PROBLEMS. I WILL CONTINUE TO MONITOR D VIA HV'S AND POV'S. 01/22/96

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U.S. Probation Officer Date SUSPO Approval

Date

= ** CORRECTIONAL TREATMENT Name: Garrido, Phillip Craig SPECIAL CONDITIONS IN EFFECT [] None Obtain/Maintain Employment Complete Vocat. Educa. Program Other: PROBLEM AREAS [] None Physical Health Employment Educat./Vocat. Training Basic Subsistence Financial Budgeting Mental / Emotional SUPERVISION ACTIVITIES FQ-Type FQ-Type EMPLOYMENT: Referral for Services to: Contact with Agency: _ As $\overline{\text{s}}$ istance provided by PO . FINANCIAL / BUDGETING: EDUCATIONAL/VOCATION. TRAINING: Referral for Services to: Referral for Services: Contact with Agency: Contact with Agency: Assistance provided by PO Assistance provided by PO: FAMILY / MARITAL _ Referral for Services to: Contact with Agency: _ Assistance by PO _ Contact with Family MEDICAL BASIC SUBSISTENCE Referral for Services: _ Referral-House/Food/Clothing Serv: Contact with Agency: 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: TO DATE D HAS BEEN VERY COMPLIANT AND HAS POSED NO PROBLEMS. I WILL CONTINUE TO MONITOR D VIA HV'S AND POV'S. 06/22/96

· · · · · · · · · · · · · · · · · · ·	AL TREATMENT **
Name: Garrido, Phillip Craig	PO:
SPECIAL CONDI	TIONS IN EFFECT [_] None
Complete Vocat. Educa. Program	Obtain/Maintain Employment Other:
PROBL	EM AREAS [_] None
Educat./Vocat. Training Employ	cal Health yment cial Budgeting Basic Subsistence
SUPERVISION	N ACTIVITIES
FQ-Typ	EMPLOYMENT:
	Referral for Services to: Contact with Agency: Assistance provided by PO -
EDUCATIONAL/VOCATION. TRAINING:Referral for Services:	FINANCIAL / BUDGETING:Referral for Services to:
Contact with Agency: - Assistance provided by PO: -	Contact with Agency: - _ Assistance provided by PO -
	FAMILY / MARITAL Referral for Services to:
	Contact with Agency:Assistance by POContact with Family
MEDICAL Referral for Services:	BASIC SUBSISTENCE _ Referral-House/Food/Clothing Serv:
_ Contact with Agency: -	_ Contact with Agency: -
FREQ: W=Week M=Month Q=Quarter S=Semi	-annual TYPE: P=Personal T=Tel D=Document
[_] NO Supervision issues identified caseload or early termination.	. Verify eligibility for administrative
COMMENTS: no changes from the last reportin focused on his printing business, provides copies of all business r	g period. d continues to do well. d is which appears to be doing well. decords at pov's.
· ·	
AND HAS POSED NO PROBLEMS. I WILL POV'S.	L CONTINUE TO MONITOR D VIA HV'S AND

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12/23/96

U.S. Probation Officer

Date



Date

** CORRECTIONAL TREATMENT Name: Garrido, Phillip Craig SPECIAL CONDITIONS IN EFFECT [] None Obtain/Maintain Employment Complete Vocat. Educa. Program Other: PROBLEM AREAS [_] None Physical Health Educat./Vocat. Training Employment Basic Subsistence Mental / Emotional Financial Budgeting SUPERVISION ACTIVITIES 'FQ-Type $FQ-Typ\epsilon$ EMPLOYMENT: Referral for Services to: Contact with Agency: Assistance provided by PO EDUCATIONAL/VOCATION. TRAINING: FINANCIAL / BUDGETING: _ Referral for Services to: Referral for Services: Contact with Agency: Contact with Agency: Assistance provided by PO Assistance provided by PO: FAMILY / MARITAL _ Referral for Services to: Contact with Agency: Assistance by PO _ Contact with Family BASIC SUBSISTENCE MEDICAL Referral-House/Food/Clothing Serv: Referral for Services: Contact with Agency: Contact with Agency: FREO: 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

d continues to do well on supervison , he has made remarkable

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progress. d appears very positve about life.



07/10/97



7 14 97

U.S. Probation Officer

Date

SUSPO Approval

Date

= ** CORRECTIONAL TREATMENT Name: Garrido, Phillip Craig PO: SPECIAL CONDITIONS IN EFFECT [] None Obtain/Maintain Employment Other: Complete Vocat. Educa. Program PROBLEM AREAS [] None Physical Health Educat./Vocat. Training Employment. Basic Subsistence Mental / Emotional . Financial Budgeting SUPERVISION ACTIVITIES FQ-Type FQ-Type EMPLOYMENT: Referral for Services to: Contact with Agency: Assistance provided by PO EDUCATIONAL/VOCATION. TRAINING: FINANCIAL / BUDGETING: Referral for Services to: Referral for Services: Contact with Agency: Contact with Agency: Assistance provided by PO: Assistance provided by PO FAMILY / MARITAL Referral for Services to: Contact with Agency: Assistance by PO _ Contact with Family BASIC SUBSISTENCE MEDICAL _ Referral for Services: Referral-House/Food/Clothing Serv: Contact with Agency: Contact with Agency: FREQ: W=Week M=Month Q=Quarter S=Semi-annual TYPE: P=Personal T=Tel D=Document Verify eligibility for administrative NO Supervision issues identified. 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 d continues to do well on supervison , he has made remarkable

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progress. d appears very positive about life.

d is doing well with his printing business and submit tax return info and business records semi annually.

needs minimal supervision.



07/20/98



3/13/2

U.S. Probation Officer

Date

SUSPO Approval

Date



SUPERVISOR'S CASE PLAN REVIEW

NAME Philip Janido	OFFICER
INITIAL OR SUBSEQUENT PLAN DATE CO	OMPLETED BY OFFICER 7.15-97
F-3 DUE	CASE TERMINATES
A. Financial, Service, and Confinement conditions:	NONE
1. Are all active conditions properly identified?	Y NA NA
2. Were apporpriate activities taken to enforce:	
a. Restitution/fines/special assessments?b. Payment agreement?c. Community service?d. Electronic monitoring, CCC/home confinement?	□ Y □ N □ N/A □ Y □ N □ N/A □ Y □ N □ N/A □ Y □ N □ N/A
B. Risk Control	NONE
1. Are all supervision issues properly identified?	⊠K □ N
2. Were appropriate activities undertaken to control the offender's level/type of risk?3. Is third-party risk properly addressed?4. Registerable offense?	O A BAN KO A O N MA O N
C. Correctional Treatment	NONE
 Are all supervision issues properly identified? Were appropriate activities taken to address: 	□У □И
a. Drug/alcohol issues b. Mental/emotional issues c. Employment/education issues d. Financial issues e. Other issues	□ Y □ N □ N/A □ Y □ N □ N/A □ 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 □NVA
E. If a new case, are projected activities appropriate to address supervision issues?	□Y □N □N/A
F. MSR's up to date? Y \(\sup \) Chronos up to date?	Y N Record check? NY N
Conditions signed? Y N FBI flash notice?	XY IN Two photos?
Mandatory Testing 1. 2. 3. Notification	on of Address Change Y N. N/A Worded
SUSPO:s comments/directions:	. " "
	•
REVIEWED AND APPROVED BY:	Date: 9.19.9.7

CASE NAME: GARRIDO, PHILLIP

ICSP: RCSP: X

DATE DUE: 7 /98

CASE TYPE: PAROLE

OFFICER DATE SUBMITTED BY OFFICER: 7/98

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 NECT AND KNEES TO KEEP HER IN A CROTCHED 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?
- Were appropriate activities taken to enforce:
 - Restitution/fines/special assessments?
 - b. Community service?
 - CCC/EMP/home confinement?

COMMENTS: NO CONDITIONS ORDERED

B. Risk Control

RPI RPS 80 SFS (NONE)

1. Are all supervision conditions/issues properly identified? YES

Were appropriate activities undertaken to control the offender's

level/type of risk?

YES YES

Is third-party risk properly addressed?

COMMENTS: S APPEARS STABLE. NO SPECIFIC 3RD PARTY RISK IDENTIFIED: HOWEVER. CRIMINAL HISTORY INDICATES A RISK TO WOMEN

Correctional Treatment-

Are all supervision conditions/issues properly identified? Were appropriate activities taken to address:

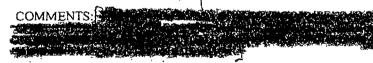
YES

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Employment/education issues

Financial issues d.

Other issues: Æ.



D. Is this case appropriate for transfer to Admin. Status?

NO

MSR's up to date? YES Chronos up to date? YES FBI flash notice? NO Two photos? NO Record check? NO Conditions signed? YES

Mand. Address Notification?

N/A

Mand. Drug Testing? 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

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

INVOLVED. APPEARS S HAS BEEN CLEARED AS A SUSPECT.

REVIEWED BY:

Date: 3-03

Date: 3-03-99