✎PROB 15
(Rev. 2/04)

UNITED STATES DISTRICT COURT
FEDERAL PROBATION SYSTEM

INSTRUCTIONS TO PERSONS REFERRED TO THE PROBATION OFFICE

The judge has referred your case to this office. He/she wants to know about you and how you became involved in the case.

This information is necessary to assist him/her in reaching a decision.

To help us with our presentence report, please furnish us with any of the following papers that pertain to you.

Birth or baptismal certificate
School diplomas
Proof of residence (rent receipts, property and mortgage papers, etc.)
Draft registration card
Military discharge certificate
Military disability information (C-number)
Seaman's papers
Marriage certificate
Divorce decree
Social Security number

Others papers:

Income tax reports for the last three years
Employment verification (pay stubs)
Union, lodge, or club cards
Letters of recommendation
Immigration papers or passport
Naturalization papers
Professional papers (certificates, licenses, or permits)
Car registration papers
Medical reports (if presently under a doctor's care)
Department of welfare records

ADDITIONAL INSTRUCTIONS

A PERSONAL INTERVIEW HAS BEEN SCHEDULED

OFFICE STAMP

NAME OF PROBATION OFFICER

ROOM NUMBER	DATE OF INTERVIEW	TIME

✎PROB 1
(Rev. 4/01)

UNITED STATES DISTRICT COURT
Federal Probation System

WORKSHEET FOR PRESENTENCE REPORT

(See Publication 107 for Instruction)

1. FACESHEET DATA

Defendant's Court Name:	
Defendant's True Name:	
Docket No.:	District:
Judge/Magistrate:	Sentencing Date:
USPO:	Arrest Date:
Assistant U.S. Attorney (Name, address, telephone)	Defense Counsel (Name, address, telephone)

DEFENDANT'S IDENTIFICATION

Defendant's Names: (List every name the defendant has used, e.g., name given at birth, name given at adoption, nickname, alias, names used as a result of marriage, etc.)

Date of Birth:	Age:	Place of Birth:

Race: ☐ White ☐ Black ☐ American Indian/Alaskan Native ☐ Asian or Pacific Islander ☐ Unknown

Hispanic Origin: ☐ Hispanic ☐ Not Hispanic ☐ Unknown

Sex:	Country of Citizenship:	Immigration Status:
No. of Dependents:	Education:	SSN:
FBI No.:	U.S. Marshal's No.:	Other ID No.:

Defendant's Legal Address: _____
(Number and Street) (Apartment)

_____
(City) (State) (Zip)

Defendant's Current Address: _____
(Number and Street) (Apartment)

_____
(City) (State) (Zip)

Referral Date: _____

Interview Date: _____

2. OFFENSE DATA (Presentence Report Part A)

CHARGES AND CONVICTIONS	RELEASE STATUS
Date Information/Indictment Filed: _____ Date of Conviction: _____ Count No.(s): _____ Conviction by (Check one): ☐ Guilty Plea/Plea of Nolo Contendere ☐ Court Trial Verdict ☐ Jury Trial Verdict	Check the Appropriate Box(s): ☐ In federal custody since _____ ☐ In non-federal custody since _____ Released on _____ ☐ Unsecured personal recognizance ☐ $ _____ personal recognizance bond since _____ ☐ $ _____ cash security since _____ ☐ $ _____ corporate security since _____ ☐ $ _____ property bond since _____ ☐ Pretrial services supervision

COUNTS OF CONVICTION

Count Nos.	Offense and Statutes	Offense Classification	Minimum/Maximum Statutory Penalty

DETAINERS

☐ No Detainers

Agency or Court	Type of Detainer	Case Number

CODEFENDANTS

☐ No Codefendants

Codefendant(s) Name(s): _____

_____

RELATED CASES (Co-offenders)

☐ No Related Cases

Docket No.	Defendant(s) Name(s)

PLEA AGREEMENT

Check One:

☐ Written ☐ Accepted

☐ Oral ☐ Deferred

☐ No Agreement ☐ Binding

Substantial Assistance Motion:

☐ No ☐ Yes

Notes:

OFFENSE CONDUCT

VICTIM IMPACT

☐ No Loss

Victim's Name	Financial Loss	Victim's Address	Victim's Phone
	$		
Loss to All Victims:	$		

Describe any social, psychological, or medical impact upon the victim of the offense behavior.

ACCEPTANCE OF RESPONSIBILITY

Defendant's statement regarding offense:

3. DEFENDANT'S CRIMINAL HISTORY (Presentence Report Part B)

☐ None

Date of Arrest, Prosecution, Referral, or Detention	Charge/ Conviction	Court City/County/State Action No.	Date Sentenced or Case Disposed	Sentence	Defendant Represented by or Waived Counsel (Y) or (N) ↓	

PENDING CHARGES AND SUPERVISION STATUS

☐ The defendant has no pending charges.

Charge(s)	Court	Docket/Action No.	Next Appearance Date

☐ The defendant is not currently under supervision.
(division, probation, supervised release, or parole supervision)

☐ The defendant is currently under criminal justice sentence. Type of Supervision:

☐ Diversion ☐ Probation ☐ Supervised Release

☐ Parole ☐ Escape Status ☐ In Custody

Jurisdiction(s): _____

Supervising Officer's Name and Telephone Number: _____

_____

4. OFFENDER CHARACTERISTICS (Presentence Report Part D)

DEFENDANT

Residential History: (List every town or city where the defendant has lived.)

PARENTS AND SIBLINGS

(List the defendant's biological parents. If defendant was reared by persons other than his natural parents, add the surrogate parent's names immediately below the space allocated to Father and Mother. After the parents, list all siblings, living or dead.)

Name	Relationship and Age		Present Address and Telephone Number	Occupation
	Father			
Current Name: Maiden Name:	Mother			

Notes regarding family history; identify any significant problems:

MARITAL STATUS

☐ The defendant is presently single and has no marital history.

Spouse or Domestic Partner	Date and Place of Marriage	Status	Date of Separation	Date of Divorce	Court Where Divorce was Granted	Number of Children

Employment status of current spouse:

CHILDREN

☐ The defendant has never had any children.

Child's Name	Name of Other Parent of this Child	Age	Custody/ Support	Child's Address and Telephone Number (If different from defendant)

Note health problems, criminal history, substance abuse, or any other significant information.

DEFENDANT'S PHYSICAL CONDITION

PHYSICAL DESCRIPTION

Height:	Weight:	Eye Color:
Hair Color:	Tattoos:	Scars:

PHYSICAL HEALTH

☐ The defendant is healthy and has no history of health problems.

List the date(s) and nature(s) of any serious or chronic illnesses and medical conditions.

List all current prescriptions.

Provide the name, address, and telephone number of the defendant's physician.

MENTAL AND EMOTIONAL HEALTH

☐ The defendant has no history of mental or emotional problems, and no history of treatment for such problems.

Describe any past or present mental, emotional, or gambling problems. Include the diagnosis of any problems (if known) and the dates of any treatment. List the name and address of the treatment provider.

SUBSTANCE ABUSE

☐ The defendant has no history of alcohol or drug use and no history of treatment for substance abuse.

Which of the following substances has the defendant used?

☐ Alcohol	☐ Heroin/Opiates
☐ Marijuana	☐ Barbiturates
☐ Cocaine	☐ Hallucinogens
☐ Crack	☐ Inhalants
☐ Amphetamine/ Methamphetamine	☐ Other: _____

When was alcohol or any controlled substance last used? _____

Which substance does the defendant prefer? _____

Which substance has caused the defendant the most problems? _____

Urine test results:

Describe in detail the defendant's history of substance abuse and treatment.
(Overdose, daily cost to support habit, frequency and quantity of use, treatment programs and dates)

EDUCATION AND VOCATIONAL SKILLS

Highest grade completed: _____

SCHOLASTIC HISTORY

Name and Location of School (List most recent school first)	Dates Attended	Degree, Diploma, or Certificate Received

Does the defendant have any specialized training or skill(s)?

☐ Yes ☐ No If yes, what training or skill(s)?

_____

_____

Does the defendant have any professional license(s)?

☐ Yes ☐ No If yes, what license(s)?

_____

_____

☐ None

MILITARY

Branch of Service:	Service Number:	Entered:	Discharged:	Type of Discharge:

Highest Rank:	Rank at Separation:	Decorations and Awards:	VA Claim Number:

Summarize the defendant's military service. Describe any courts martial or non-judicial punishments. Describe any foreign or combat service. Describe any special training or skills acquired in the service. Describe previous VA claims.

EMPLOYMENT

Defendant's usual occupation: _____

Defendant's employment status:

At the time of the offense, the defendant was (select the appropriate number from the categories below) _____

At present, the defendant is (select the appropriate number from the categories below) _____

1. Employed full-time
2. Employed part-time
3. Unemployed temporarily, looking for work
4. Unemployed seasonal worker
5. Unemployed due to disability
6. Unemployed, history of extensive unemployment
7. Incarcerated or confined
8. Student
9. Homemaker
10. Retired
11. Other (Specify): _____

FINANCIAL CONDITION/ABILITY TO PAY

☐ Refer to Form 48A

☐ Defendant has few assets and liabilities.

EMPLOYMENT HISTORY

(Describe the defendant's employment history for the last ten years)

Dates	Name and Address of Employer	Job, Monthly Wage, Reason for Leaving
From:		
To Present	Phone No.:	
From:		
To:		
From:		
To:		
From:		
To:		

EMPLOYMENT HISTORY (Continued)		
From:		
To:		
From:		
To:		
From:		
To:		
From:		
To:		
From:		
To:		
From:		
To:		
Summarize any employment history over 10 years old:		

NOTES:

REQUEST FOR NET WORTH STATEMENT FINANCIAL RECORDS

DEFENDANT'S FULL NAME	DOCKET NUMBER

All entries on the Net Worth Statement must be accompanied by supporting documentation. Provide the probation officer with all records listed below that are applicable to your financial statements, along with your completed Net Worth Statement by the close of business _____.

ASSETS

Section A - Bank Accounts

- Most recent bank account statements (e.g., checking, savings, credit union, money market, brokerage, Certificate of Deposit, or savings bonds) for a three-month period, along with canceled checks.

Section B - Securities

- Most recent securities account statements (e.g., brokerage, annuities, life insurance, IRA, KEOGH, 401K, or thrift savings account) for a three-month period.

Section C - Notes & Accounts Receivable

- Copy of signed note receivable.

Section D - Life Insurance

- Copy of all life insurance policies (e.g., whole life, variable life, term).

Section E - Safe Deposit Boxes or Storage Facilities

- Copy of most recent rental invoice for all safe deposit boxes or storage facility rentals within the past year, including receipts or verification of content value.

Section F - Motor Vehicles

- Copy of vehicle registration and title for all vehicles owned or leased.

Section G - Real Estate

- Copy of purchase agreement, deeds, and escrow statement for all real property.

Section H - Mortgage Loans Owed To You

- Copy of the sales agreement and escrow statement for all real property.

Section I - Other Assets

- Copy of purchase invoice and appraisal (if already previously obtained), and documentation to verify the fair market value of the asset.

Section J - Anticipated Assets

- Copy of documentation to verify future receipt of anticipated asset, (e.g., claim or lawsuit filings, profit sharing plan and current statement, pension plan and current statement, inheritance documents, copy of all trusts, trust income tax returns), and most recent accounting reflecting the value of your interest and income from the trust.

Section K - Business Holdings

- In addition to providing the information requested in Section K and completing Section N, provide copies of all income tax returns for each business you had an ownership interest in (e.g., shareholder, partner, proprietor) or an affiliation with (e.g., officer, director, board member, agent, associate) within the last five years. Also provide all financial statements for each business, prepared by you or your accountant, within the past five years.

Business Accounts Receivable

- Copy of current month's billing statements that verify business accounts receivable.

Business Accounts Payable

- Copy of current month's vendor invoices that verify business accounts payable.

Section L - Income Tax Returns

- Copy of the five most recent years' income tax returns filed for: Individual (Form 1040), Partnership (Form 1065), Corporation (Form 1120), S Corporation (Form 1120S), and Limited Liability Company (Form 1065). Be sure to include all related schedules and forms. Provide a written explanation for any returns not filed.

Section M - Transfer of Assets

- Copy of the bill of sale, documentation of funds received from sale (e.g., a personal or business check, cashiers check or money order), copy of vehicle registration and title of sold vehicle, and escrow closing statements for any real estate sold since the date of your arrest.

Section N - Names of Shareholders or Partners

- Copy of Articles of Incorporation for all corporations you own or have an interest in. Copy of partnership agreement for all partnerships you have an ownership interest in.

REQUEST FOR NET WORTH STATEMENT FINANCIAL RECORDS (cont.)

LIABILITIES

Section A - Charge Accounts

- Copy of most current billing statement for all charge accounts (e.g., credit cards, revolving charge cards, and department store cards) and lines of credit (e.g., bank line of credit).

Section B - Other Debts

- Copy of all notes payable, mortgage loans, current statement of delinquent taxes due, and statements documenting child support/ alimony obligations and payment history.

Section C - Party to Civil Suit

- Copy of all civil suit filings and judgments.

Section D - Bankruptcy Filings

- Copy of all bankruptcy filings including petition, financial statements submitted, final judgment and order of discharge.

OTHER RECORDS REQUESTED

ADDITIONAL INSTRUCTIONS:

A personal interview has been scheduled for you with:

_____ on _____
U.S. Probation Officer Date

at _____ Office Location _____
Time

_____

_____

Telephone _____

REQUEST FOR MONTHLY CASH FLOW STATEMENT FINANCIAL RECORDS

DEFENDANT'S FULL NAME	DOCKET NUMBER

All entries on the Cash Flow Statement must be accompanied by supporting documentation. Provide the probation officer with all records listed below are applicable to your financial statements, along with your completed Cash Flow Statement by the close of _____ .

MONTHLY CASH INFLOWS

Salary/Wages

- Copy of all W-2 forms submitted with the prior year income tax return. Copy of all pay stubs for the most recent one-month period.

Cash Advances

- Copy of all pay stubs documenting cash advances.

Cash Bonuses

- Copy of all pay stubs documenting cash bonuses, and copy of related 1099 form.

Commissions

- Copy of all 1099 forms submitted with the prior year income tax return.

Business Income

- Copy of the past six monthly financial statements of all businesses owned or controlled by the defendant. Also, be sure to provide all financial information requested in the "Assets" portion of the "Net Worth Statement" under "Section K, Business Holdings."

Interest/Dividends

- Copy of most recent earnings statement from a financial institution (e.g., bank, brokerage firm, etc.). Copy of all 1099-INT forms, reporting annual interest earnings, for the past year.

Rental Income

- Copy of lease rental agreement, copy of monthly rental check received, and copy of the deposit on the defendant's monthly bank statement.

Trust Income

- Copy of the monthly trust income check, copy of the trust agreement, and a copy of the trust income tax return for the prior year.

Alimony/Child Support

- Copy of divorce decree, copy of payments received, and statements documenting child support/alimony obligations with payment history.

Social Security

- Copy of most recent Social Security check and most recent benefits determination letter.

Other Government Benefits

- Copy of most recent government subsidy check (e.g., unemployment compensation, or child support/alimony) and most recent benefits determination letter.

Pensions/Annuities

- Copy of pension/annuity check, copy of most recent pension plan activity statement or annuity statement, and copy of pension plan or annuity contract.

Allowances (housing, auto, travel)

- Copy of related pay stub, 1099 form for prior year, and possibly a letter from the employer on company letterhead.

Gratuities/Tips

- Copy of current month's pay stubs, letter from employer estimating monthly gratuities earned, and W-2 form for the prior year.

Spouse (Significant Other's) Salary/Wages

- Copy of all W-2 forms submitted with the prior year income tax return. Copy of all pay stubs for the most recent one-month period.

Other Joint Spousal Income

- Documentation verifying any monthly income jointly earned with the spouse or significant other, (e.g., income from the spouse or significant other or income from a business owned or controlled by the spouse or significant other, that the defendant has a joint ownership interest in, or controls).

Income of Others in the Home

- Verification of the monthly earnings of all others living in the defendant's household (e.g., all pay stubs for the prior month, W-2 forms, and 1099 forms for the prior year), paid receipts or canceled checks for necessary monthly household expenditures (e.g., for food, room rental, telephone, transportation, etc.) actually paid by this person on behalf of the defendant.

Gifts From Family

- A signed and dated statement from the family member who gave gifts to the defendant during the month, listing the amounts, dates and reasons given, and a copy of the check received, if any.

Gifts From Others

- A signed and dated statement from the person(s) who gave gifts to the defendant during the month, listing the amounts, dates and reasons given, and a copy of the check received, if any.

Loans From Your Business

- Copy of the past six monthly financial statements of all businesses owned or controlled by the defendant that loaned money to the defendant, including a detailed schedule of the "Loans To Shareholder/Owner" or "Due From Shareholder/Owner" general ledger accounts.

Mortgage Loans

- Copy of all mortgage checks received during the prior month, 1099 forms submitted with the prior year tax return, and copy of the sales agreement and escrow statement for all mortgage loans owed to the defendant.

Other Loans

- Copy of loan documentation and copy of all loan checks received during the prior month.

Other (specify)

- Documentation verifying the source of all other monthly cash inflows (not yet disclosed or reported in these financial statements) and copy of all related monthly checks received.

REQUEST FOR MONTHLY CASH FLOW STATEMENT FINANCIAL RECORDS (cont.)

NECESSARY MONTHLY CASH OUTFLOWS

Rent or Mortgage (including taxes)

- Copy of apartment rental lease agreement or home mortgage, most recent mortgage statement, and copy of canceled check.

Groceries (# of people)

- Grocery receipts with corresponding canceled checks (if applicable) for the past month.

Utilities

- Copy of most current utility bills (e.g., electric, heating oil/gas, water/sewer, telephone, and basic cable).

Transportation

- Current month gasoline/motor oil receipts and corresponding canceled checks (if applicable), and gasoline credit card statements for the prior month.

Insurance

- Copy of most current insurance bills for all types of insurance (auto, health, life, homeowners).

Clothing

Purchase receipts with corresponding canceled checks.

Loan Payments

- Copy of loan statements (including motor vehicle payment book and lines of credit) for all loans. Also, provide a copy of any financial statements submitted to obtain credit in the past three years.

Credit Card Payments

- Copy of most current billing statement for all charge accounts (e.g., credit cards, revolving charge cards, and department store cards) and lines of credit (e.g., bank line of credit).

Medical

- Documentation of medical expenses (e.g., billing statements, payment receipts, and canceled checks).

Alimony/Child Support

- Copy of divorce decree, canceled checks, and statements documenting child support/alimony obligations with payment history.

Co-payments (electronic monitoring, drug/mental health treatment)

- Canceled check along with statement from the service provider (if any).

Other (specify)

- Specific receipts, billing statements, and corresponding canceled checks.

ADDITIONAL INSTRUCTIONS:

A personal interview has been scheduled for you with:

_____ on _____
U.S. Probation Officer Date

at _____ Office Location _____
Time

_____

_____

Telephone _____

✎PROB 48F
(09/00)

REQUEST FOR SELF-EMPLOYMENT RECORDS

DEFENDANT'S FULL NAME	DOCKET NUMBER

In order to verify your self-employment, you are required to furnish all of the records below that are applicable to you and your business to the probation office by the close of business _____ .

- **Business Bank Statements** for all businesses for the past six months (along with canceled checks).
- **All Business Income Tax Returns** for the past five years (including Corporation Form 1120, S Corporation Form 1120S, Partnership Form 1065, Limited Liability Company Form 1065, or Sole Proprietor Form 1040 Schedule C), along with all accompanying forms and schedules.
- **All Annual Financial Statements** for the past five years.
- **Most Recent Monthly and Quarterly Financial Statement.**
- **Quarterly Estimated Tax Payments** (Form 1040-ES or Form 8109 for corporations) for the current year.
- **Occupational Business License** for the current year.
- **Articles of Incorporation** for all corporations you own or have an interest in.
- **Partnership Agreement** for all partnerships you have an ownership interest in.
- **Sales Tax Returns** (monthly, quarterly) for the past 12 months.
- **Property Tax Returns** (inventory, personal property) for the past year.
- **Payroll Tax Returns** (quarterly, annually) for the current year, if you presently have or have had employees during the current year.
- **List of Business Customers** (to whom your business sells goods or provides services).
- **List of Business Vendors** (who supply the needed raw materials to produce products or provide services).
- **Billing Statements** (to collect money from your customers) **and Vendor Invoices** (to pay bills to your suppliers) for the past six months.
- **Real Estate Escrow Statements and Real Estate Leases** for all businesses you own or have an interest in.
- **Equipment Purchase Agreements or Leases** for all businesses you own or have an interest in.
- **Business Insurance Policies** for all businesses you own or have an interest in.
- **Business Telephone Bills** for the past six months for all business telephones.
- **Samples of Business Advertisements** (e.g., in print, radio, television, Internet web page, telephone directory listing and ad, etc.).
- **Business Cards, Stationery** (e.g., business letterhead).

Last Name	First Name	Middle Name	Social Security Number

Instructions for Completing Monthly Cash Flow Statement

Having been convicted in the United States District Court, you are required to prepare and file with the probation officer a statement fully describing your financial resources, including a complete listing of all monthly cash inflows and outflows.

If you are placed on probation or supervised release (or other types of supervision), you may be periodically required to provide updated information fully describing your financial resources and those of your spouse, significant others, or dependents, as described above, to keep a probation officer informed concerning compliance with any condition of supervision, including the payment of any criminal monetary penalties imposed by the court (see 18 U.S.C. § 3603).

Amendments were made to 18 U.S.C. §§ 3663(a)(1)(B)(i), 3664(d)(3), and 3664(f)(2), and Rule 32(b)(4)(F) to clarify that the assets owned, jointly owned, or controlled by a defendant; liabilities, and the financial needs and earning ability of a defendant and a defendant's dependents are all relevant to the court's decision regarding a defendant's ability to pay. Your Cash Flow Statement should include assets or debts that are yours alone (I-Individual), assets or debts that are jointly (J-Joint) held by you and a spouse or significant other, assets or debts that are held by a spouse or significant other (S-Spouse or Significant Other) that you enjoy the benefits of or make occasional contributions toward, and assets or debts that are held by a dependent (D-Dependent) living in your home that you enjoy the benefits of or make occasional contributions toward.

Please complete the Monthly Cash Flow Statement in its entirety. You must answer "None" to any item that is not applicable to your financial condition. Attach additional pages if you need more space for any item. All entries must be accompanied by supporting documentation (see Request for Cash Flow Statement Financial Records, Prob. 48C). Initial and date each page (including any attached pages) and sign and date the last page of the Cash Flow Statement.

Last Name

MONTHLY CASH FLOW STATEMENT

Monthly Cash Inflows

Defendant	Gross	Net
Your Salary/Wages (List both monthly gross earnings and take-home pay after payroll deductions.)		
Your Cash Advances (List all payroll advances or other advances from work.)		
Your Cash Bonuses (List all payments from work in addition to your salary that are not an advance.)		
Commissions (List all non-employee earnings as an independent contractor.)		
Business Income (List both monthly gross income and net income after deducting expenses.)		
Interest (List all interest earned each month.)		
Dividends (List all dividends earned each month.)		
Rental Income (List all monthly income received from real estate properties owned.)		
Trust Income (List all trust income earned each month.)		
Alimony/Child Support (List all alimony or child support payments received each month.)		
Social Security (List all payments received from Social Security.)		
Other Government Benefits (List all amounts received from the government not yet reported (e.g., Aid to Families with Dependent Children.)		
Pensions/Annuities (List all funds received from pensions and annuities each month.)		
Allowances-Housing/Auto/Travel (List all funds received from housing allowances, auto allowances, travel allowances, and any other kind of allowance.)		
Gratuities/Tips (List all gratuities and tips received each month from any and all sources.)		
Spouse/Significant Other Salary/Wages (List all gross and net monthly salary and wages received by your spouse or significant other.)		
Other Joint Spousal Income (List any monthly income jointly earned with your spouse or significant other [e.g., any income from spouse or income from a business owned or operated by the spouse that you have a joint ownership interest in or control]).		
Income of Others In-House (List all monthly income of others living in the household or the monthly amount actually paid for household bills by these persons.)		
Gifts from Family (List all amounts received as gifts from family members each month.)		
Gifts from Others (List all gifts received from any sources not yet reported.)		
Loans from Your Business (List all loan amounts received each month from all businesses owned or controlled by you.)		
Mortgage Loans (List all amounts received each month from mortgage loans owed to you.)		
Other Loans (List all other loan amounts received each month not yet reported.)		
Other (specify) (List all other amounts received each month not yet reported.)		
TOTALS		

Initials _____ Date _____

Last Name -	
Monthly Cash Outflows	
	Amount
Rent or Mortgage (List monthly rental payment or mortgage payment.)	
Groceries (List the total monthly amount paid for groceries and number of people in your household.) #_____	
Utilities (List the monthly amount paid for electric, heating oil/gas, water/sewer, telephone, and basic cable.)	
Electric	
Heating Oil/Gas	
Water/Sewer	
Telephone	
Basic Cable (no premium channels)	
Transportation (List monthly amount paid for gasoline, motor oil, necessary auto repairs, or the cost of public transportation.)	
Insurance (List the monthly amount paid for auto, health, homeowner/rental, and life insurance.)	
Auto	
Health	
Homeowner/Rental	
Life	
Clothing (List the monthly amount paid for clothing.)	
Loan Payments (List all monthly amounts paid toward verified loans, other than loans to family members, which are non-allowable expenses.)	
Credit Card Payments (List all monthly credit card or charge card payments.)	
Medical (List all monthly payments for necessary medical care or treatment.)	
Alimony/Child Support (List all alimony or child support payments made each month.)	
Co-payments (List the monthly payments made for electronic monitoring and drug and mental health treatment.)	
Other (specify) (List all other necessary monthly amounts paid each month not yet reported.)	
Other Factors That May Affect Monthly Cash Flow (Describe)	
TOTAL	
NET MONTHLY CASH FLOW: _____ **(CASH INFLOWS LESS CASH OUTFLOWS)**	
PROSPECT OF INCREASE IN CASH INFLOWS (Give a general statement of the prospective increase of the value of any cash inflows reported.)	

Signature _____ Date _____

SUPPLEMENT TO PERSONAL FINANCIAL STATEMENT

MONTHLY EXPENSES

Client's Name _____ Docket Number _____

- Athletic club registration/dues (gym, country club, timeshare, campground, or other organization membership, etc.)	$_____	- Vacation expenses (all)	$_____
- Country club/golf course fees	$_____	- Summer camp for children	$_____
- Extracurricular activities (season sports tickets, opera, etc.)	$_____	- Subscriptions (periodicals, magazines book memberships)	$_____
- Private schooling	$_____	- Beauty salon services	$_____
- School lunches	$_____	- Elective medical procedures (cosmetic services, liposuction, etc.)	$_____
- Private lessons (music, art, etc.)	$_____	- Private attorney fees	$_____
- Student College Loans	$_____	- Financial obligations to other Courts/parties	$_____
- Repayment of loans to family members or friends	$_____	- Entertainment	$_____
		- Religious contributions	$_____
		- Charitable contributions	$_____
- Cable television	$_____	- Toll road expenditures	$_____
- Cellular phone & pagers	$_____	- Automobiles leases	$_____
- Extra phone fees (i.e. call waiting/ answering service & modem)	$_____	- Boat/private aircraft expenses	$_____
- Internet fees	$_____	- Other expenses not listed above (list all below)	
- Satellite expenses	$_____	_____	$_____
- Private residential alarm services . . .	$_____	_____	$_____
- Childcare.	$_____	_____	$_____
- Housekeeper	$_____	_____	$_____
- Swimming pool services	$_____		
- Exterminator Services	$_____		
- Gardener	$_____	**TOTAL**	$_____
- Voluntary lake/association dues	$_____		

_____

_____

_____

_____

Client's Signature _____ Date _____

Last Name	First Name	Middle Name	Social Security Number

Instructions for Completing Net Worth Statement

Having been convicted in the United States District Court, you are required to prepare and file with the probation officer an affidavit fully describing your financial resources, including a complete listing of all assets you own or control as of this date and any assets you have transferred or sold since your arrest. Amendments were made to 18 U.S.C. §§ 3663(a)(1)(B)(i), 3664(d)(3), and 3664(f)(2), and Rule 32(b)(4)(F) to clarify that the assets owned, jointly owned, or controlled by a defendant, and liabilities are all relevant to the court's decision regarding the ability to pay. Your Net Worth Statement should include assets or debts that are yours alone (I-Individual), assets or debts that are jointly (J-Joint) held by you and a spouse or significant other, assets or debts that are held by a spouse or significant other (S-Spouse or Significant Other) that you enjoy the benefits of or make occasional contributions toward, and assets or debts that are held by a dependent (D-Dependent) that you enjoy the benefits of or make occasional contributions toward.

If you are placed on probation or supervised release (or other types of supervision), you may be periodically required to provide updated information fully describing your financial resources and those of your dependents, as described above, to keep a probation officer informed concerning compliance with any condition of supervision, including the payment of any criminal monetary penalties imposed by the court (see 18 U.S.C. § 3603).

Please complete the Net Worth Statement in its entirety. You must answer "None" to any item that is not applicable to your financial condition. Attach additional pages if you need more space for any item. All entries must be accompanied by supporting documentation (see Request for Net Worth Statement Financial Records (Prob. 48A)). Initial and date each page (including any attached pages). Also, sign, date, and attach the Declaration of Defendant or Offender Net Worth & Cash Flow Statements (Prob. 48D).

Last Name -

NET WORTH STATEMENT

NOTE: I = Individual J = Joint S = Spouse/Significant Other D = Dependent

ASSETS

BANK ACCOUNTS (Include all personal and businesses checking and savings accounts, credit unions, money markets, certificates of deposit, IRA and KEOGH accounts, Thrift Savings, 401K, etc.)

Section A

I/J S/D	Name of Institution	Address	Type of Account	Account Number	Personal or Commercial	Balance

Section B

SECURITIES (Include all stocks in public corporations, stocks in businesses you own or have an interest in, bonds, mutual funds, U.S. Government securities, etc.)

I/J S/D	Name and Kind of Security	Location of Security	Number of Units	Fair Market Value

Section C

MONEY OWED TO YOU BY OTHERS (Include all money owed to you by any person or entity.)

I/J S/D	Name and Address of Debtor	Amount Owed to You	Reason Owed to You	Date Money Loaned	Relationship to Debtor (if any)	Monthly Payment or Date Full Payment Expected	Is Debt Collectible ?

Last Name -

Section D

LIFE INSURANCE (Include type of policy [whole life, variable, or term], face amount [the stated amount of coverage] and cash surrender value [the value of the investment portion of a whole life or variable policy.])

I/J S/D	Name and Address of Company and Name of Beneficiary	Policy Number	Type of Policy	Face Amount	Cash Surrender Value	Amount Borrowed	Amount You Can Borrow

Section E

SAFE DEPOSIT BOXES OR STORAGE SPACE FACILITY (Include all safe deposit boxes or storage space you rent or places you have access to in which others are holding assets or items belonging to you.)

I/J S/D	Name and Address of Box or Facility Location	Box Number or Space	Contents	Fair Market Value

Section F

MOTOR VEHICLES (Include all cars, trucks, mobile homes, motorcycles, all terrain vehicles, boats, airplanes, etc.)

I/J S/D	Year, Make & License Number/Vehicle Identification Number	Mileage	Loan/Lease Balance (if any)	Date Loan/Lease Will be Paid Off or Ends	Monthly Payment	Fair Market Value

Section G

REAL ESTATE (Include property, parcels, lots, timeshares, and developed land with buildings.)

I/J S/D	Real Estate Address (include county and state)/ Mortgage Company or Lien Holder	Purchase Date	Purchase Price	Mortgage Balance (if any)	Date Mortgage Will be Paid Off	Monthly Payment	Fair Market Value

Section H

MORTGAGE LOANS OWED TO YOU (Include name, address, and relationship [if any] to the mortgagee [the party that bought the real estate you sold and is making payments to you].)

I/J S/D	Mortgagee (name & address)/ Relationship to Mortgagee	Mortgage Balance	Date Mortgage Will be Paid Off	Balloon Payment? If Yes, Date?	Monthly Payment	Is Debt Collectible?

Last Name -

Section I

OTHER ASSETS (Include any cash on hand, jewelry, art, paintings, coin collections, stamp collections, collectibles, antiques, copyrights, patents, etc.)

I/J S/D	Description	Loan Balance (if any)	Date Loan Will be Paid Off	Monthly Payment	Where is Asset Located?	Fair Market Value

Section J

ANTICIPATED ASSETS (Include any assets you expect to receive or control from lawsuits for compensation or damages, profit sharing, pension plans, inheritance, wills, or as an executor or administrator of any succession or estate.)

I/J S/D	Amount Received or Expected to Receive	Date Expected to Receive	Reason You Expect This	Name and Address of Person or Company That Can Verify This (e.g., attorney, financial institution, executor)

TRUST ASSETS (Include all trusts in which you are a grantor or donor [the person who establishes the trust], the trustee or fiduciary [who controls the trust assets and income or the beneficiary who has or will receive benefits from the trust].)

I/J S/D	Name of Trust/ Taxpayer ID#	Value of Trust	Your Annual Income From Trust	Your Interest in Trust Assets

Section K

BUSINESS HOLDINGS (Include all businesses in which you have an ownership interest or with which you had an affiliation within the last three years; e.g., self-employed sole proprietor, officer, shareholder, board member, partner, associate, etc.) Complete Section N (attach additional pages, if necessary).

I/J S/D	Name and Address of Business/ Taxpayer I.D.#	Type of Business Entity	Industry of Business	Date Business Started	Capital Investment to Start	Your Ownership Interest Percentage	Sale Price or Fair Market Value of Your Interest

Last Name -

Section L

INCOME TAX RETURNS

Type of Income Tax Return Filed	Last Filing Year	Years of Last 5 Income Tax Returns You Will Submit to the Probation Officer
Individual (Form 1040)		
Partnership/Limited Liability Company (Form 1065)		
Corporation (Form 1120)		
S Corporation (Form 1120S)		

Section M

TRANSFER OF ASSETS (Include any assets you have transferred or sold since the date of your arrest with a cost or fair market value of more than $500.00. Also list any assets that someone else is holding on your behalf.)

I/J S/D	Description of Asset/ Reason Transferred/Sold	Date of Transfer/Sale	Original Cost	Amount You Received, if Any	Name of Purchaser or Person Holding the Asset	Sale Price or Fair Market Value at Transfer

Section N

NAMES OF SHAREHOLDERS OR PARTNERS (Include all shareholders, officers, and/or partners, indicating each respective ownership interest.)

Name of Business	Names of Shareholders/Partners	Ownership Interest Percentage

Last Name -

Section O

ASSETS YOU WILL LIQUIDATE (Include all assets you intend to liquidate to satisfy any criminal monetary penalties that may be imposed.)

Asset Description	Estimated Value of Asset	Date You Will Liquidate	Current Location of Asset (if real property, county and state)

Section P

PROSPECT OF INCREASE IN ASSETS (Give a general statement of the prospective increase of the value of any asset you own.)

Last Name -

LIABILITIES

Section A

CHARGE ACCOUNTS AND LINES OF CREDIT (Include all bank credit cards, lines of credit, revolving charge accounts, etc.)

I/J S/D	Type of Account or Card	Name and Address of Creditor	Credit Limit	Amount Owed	Credit Available	Minimum Monthly Payment

Section B

OTHER DEBTS (Include mortgage loans, notes payable, delinquent taxes, and child support.)

I/J S/D	Owed To	Address	Relationship (if any)	Amount Owed	Reason Owed	Monthly Payment

Section C

PARTY TO CIVIL SUIT (Include any civil lawsuits you have ever been a party to.)

I/J S/D	Name of Plaintiff in the Case	Court of Jurisdiction and County	Case Number	Date of Suit Filed	Date of Judgment	Judgment Amount/ Unpaid Balance

Section D

BANKRUPTCY FILINGS (Include information requested for any Chapter 7, 11, or 13 bankruptcy filings you have ever been a party to as an individual or as a business entity.

I/J S/D	Type of Bankruptcy (Voluntary or Involuntary)/ Name and Address of Trustee	Bankruptcy Case Number	Bankruptcy Court of Jurisdiction	County and State of Discharge	Date Filed	Date of Discharge

Signature _____ Date _____

✎PROB 48D
(Rev. 9/00)

DECLARATION OF DEFENDANT OR OFFENDER
NET WORTH & CASH FLOW STATEMENTS

I, _____, residing at _____, in the city (or county) of _____, in the state of _____, have completed the attached ☐ Net Worth Statement (Prob. Form 48) or ☐ Net Worth Short Form Statement (Prob. Form 48EZ) and/or ☐ Cash Flow Statement (Prob. Form 48B) that fully describe my financial resources, including a complete listing of all assets owned or controlled by me as of this date and any transfers or sales of assets since my arrest. The Cash Flow Statement (Prob. Form 48B) also includes my financial needs and earning ability and the financial needs and earning ability of my spouse (or significant other) and my dependent(s) living at home.

Net Worth Statement (Total pages, including additional pages _____)
Net Worth Short Form Statement (Total pages, including additional pages _____)
Cash Flow Statement (Total pages, including additional pages _____)

☐ I declare under penalty of perjury that the foregoing is true and correct; or

☐ False statements may result in revocation of supervision, in addition to possible prosecution under the provisions of 18 U.S.C. § 1001, which carries a term of imprisonment of up to 5 years and a fine of up to $250,000, or both.

_____
(Defendant Signature)

Executed on
_____ day of _____, _____.

UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA
PROBATION & PRETRIAL SERVICES OFFICE

MICHELLE A. CAREY
CHIEF PROBATION &
PRETRIAL SERVICES OFFICER

600 U. S. COURTHOUSE
312 N. SPRING STREET
LOS ANGELES 90012-4708

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

NAME:	DOB:
ALIAS (including maiden name):	SSN:

I authorize release of all records and information concerning me, confidential or otherwise, to the United States Probation Officer.

- ☑ Educational Records and Information pursuant to CEC 49078
- ☑ Employment Records including but not limited to dates of employment, work performance, and reasons of termination
- ☑ Military Service Records
- ☑ Marriage/Divorce Records
- ☑ Bank Records
- ☑ Credit Records
- ☑ State and Federal Tax Records
- ☐ Other: _____

I also authorize the use of photostatic or faxed copies of this release in lieu of the original.

_____ SIGNATURE

_____ DATE

PROB 11G
(Rev. CD/CA 7/1/03)

AUTHORIZATION TO RELEASE INFORMATION
(PRIVATE PERSON OR ORGANIZATION)
TO PROBATION OFFICER

TO WHOM IT MAY CONCERN:

I, _____, the undersigned, hereby authorize the United States Probation Office for the Central District of California, or its authorized representative(s) or employee(s), bearing this release or copy thereof, to obtain any information in your files pertaining to my:

[x] Medical Records

[x] Psychiatric and Mental Health Records

[x] Alcohol and/or Drug Treatment Records

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the United States Probation Office's official use.

Regarding protected health information, I understand that this authorization is valid until my release from supervision, at which time this authorization to use or disclose this information expires. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Regarding protected health information, I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the program's privacy contact at:

_____.
(Name and Address of Program)

Regarding protected health information, I understand that if I revoke this Authorization to Release Confidential Information, I will thereby revoke my authorization to further disclosure of such information. I also understand that revoking this authorization before I satisfy the condition of my supervision that requires me to participate in the program will be reported to the court. My revocation of authorization under such circumstances could be considered a violation of a condition of my post-conviction supervision.

_____	_____	_____
(Authorizing Signature - Full Name)	(Full Name - Printed or Typed)	(Date)
WITNESS —	_____	_____
	(Probation Officer)	(Date)

Form **4506-T**
(Rev. August 2014)
Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

► **Request may be rejected if the form is incomplete or illegible.**
► **For more information about Form 4506-T, visit *www.irs.gov/form4506t*.**

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return.** There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	**1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)**
2a If a joint return, enter spouse's name shown on tax return.	**2b Second social security number or individual taxpayer identification number if joint tax return**

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4 Previous address shown on the last return filed if different from line 3 (see instructions)

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.

Caution. If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ► _____

a **Return Transcript,** which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . . ☐

b **Account Transcript,** which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days . ☐

c **Record of Account,** which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days . . . . . ☐

7 **Verification of Nonfiling,** which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . ☐

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . ☐

Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. _____ _____ _____ _____

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** *For transcripts being sent to a third party, this form must be received within 120 days of the signature date.*

		Phone number of taxpayer on line 1a or 2a
Sign Here ► **Signature** (see instructions)	Date	
► **Title** (if line 1a above is a corporation, partnership, estate, or trust)		
► **Spouse's signature**	Date	

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to *www.irs.gov/form4506t.* Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

Caution. Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note. If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 559-456-7227
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P. O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note. If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party—Business.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form,** 10 min.; **Preparing the form,** 12 min.; and **Copying, assembling, and sending the form to the IRS,** 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

FILED
CLERK, U.S. DISTRICT COURT
November 2, 2018
CENTRAL DISTRICT OF CALIFORNIA
BY: Natalie Gregorio DEPUTY

UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA

IN THE MATTER OF ADOPTION OF STANDARD CONDITIONS OF PROBATION AND SUPERVISED RELEASE AND SENTENCING ORDERS AND CONDITIONS OF PROBATION AND SUPERVISED RELEASE PERTAINING TO FINANCIAL SANCTIONS	GENERAL ORDER NO. 18-10 (Supersedes General Order Nos. 05-02 and 01-05)

This General Order supersedes General Order Nos. 05-02 and 01-05. IT IS HEREBY ORDERED that the Judges of the Central District of California adopt: (1) the standard conditions of probation and supervised release set forth in Section I, below, to apply in every case in which probation or supervised release is imposed; (2) the sentencing orders set forth in Section II, below, to apply in every case in which a fine or restitution has been ordered; and (3) the conditions of probation and supervised release set forth in Section III, below, to apply in every case in which probation or supervised release is imposed in addition to the imposition of a fine or restitution. The presiding judge may impose any other conditions the judge deems advisable, consistent with existing or future law, in individual cases of supervision.

I. STANDARD CONDITIONS OF PROBATION AND SUPERVISED RELEASE

1) The defendant must not commit another federal, state, or local crime;

2) The defendant must report to the probation office in the federal judicial

district of residence within 72 hours of imposition of a sentence of probation or release from imprisonment, unless otherwise directed by the probation officer;

3) The defendant must report to the probation office as instructed by the court or probation officer;

4) The defendant must not knowingly leave the judicial district without first receiving the permission of the court or probation officer;

5) The defendant must answer truthfully the inquiries of the probation officer, unless legitimately asserting his or her Fifth Amendment right against self-incrimination as to new criminal conduct;

6) The defendant must reside at a location approved by the probation officer and must notify the probation officer at least 10 days before any anticipated change or within 72 hours of an unanticipated change in residence or persons living in defendant's residence;

7) The defendant must permit the probation officer to contact him or her at any time at home or elsewhere and must permit confiscation of any contraband prohibited by law or the terms of supervision and observed in plain view by the probation officer;

8) The defendant must work at a lawful occupation unless excused by the probation officer for schooling, training, or other acceptable reasons and must notify the probation officer at least ten days before any change in employment or within 72 hours of an unanticipated change;

9) The defendant must not knowingly associate with any persons engaged in criminal activity and must not knowingly associate with any person convicted of a felony unless granted permission to do so by the probation officer. This condition will not apply to intimate family members, unless the court has completed an individualized review and has determined that the restriction is necessary for protection of the community or

rehabilitation;

10) The defendant must refrain from excessive use of alcohol and must not purchase, possess, use, distribute, or administer any narcotic or other controlled substance, or any paraphernalia related to such substances, except as prescribed by a physician;

11) The defendant must notify the probation officer within 72 hours of being arrested or questioned by a law enforcement officer;

12) For felony cases, the defendant must not possess a firearm, ammunition, destructive device, or any other dangerous weapon;

13) The defendant must not act or enter into any agreement with a law enforcement agency to act as an informant or source without the permission of the court;

14) As directed by the probation officer, the defendant must notify specific persons and organizations of specific risks posed by the defendant to those persons and organizations and must permit the probation officer to confirm the defendant's compliance with such requirement and to make such notifications;

15) The defendant must follow the instructions of the probation officer to implement the orders of the court, afford adequate deterrence from criminal conduct, protect the public from further crimes of the defendant; and provide the defendant with needed educational or vocational training, medical care, or other correctional treatment in the most effective manner.

II. STATUTORY PROVISIONS PERTAINING TO PAYMENT AND COLLECTION OF FINANCIAL SANCTIONS

1) The defendant must pay interest on a fine or restitution of more than $2,500, unless the court waives interest or unless the fine or restitution is paid in full before the fifteenth (15th) day after the date of the judgment under 18 U.S.C. §3612(f)(1). Payments may be subject to penalties for

default and delinquency under 18 U.S.C. §3612(g). Interest and penalties pertaining to restitution, however, are not applicable for offenses completed before April 24, 1996.

2) If all or any portion of a fine or restitution ordered remains unpaid after the termination of supervision, the defendant must pay the balance as directed by the United States Attorney's Office. 18 U.S.C. §3613.

3) The defendant must notify the United States Attorney within thirty (30) days of any change in the defendant's mailing address or residence address until all fines, restitution, costs, and special assessments are paid in full. 18 U.S.C. §3612(b)(l)(F).

4) The defendant must notify the Court (through the Probation Office) and the United States Attorney of any material change in the defendant's economic circumstances that might affect the defendant's ability to pay a fine or restitution, as required by 18 U.S.C. §3664(k). The Court may also accept such notification from the government or the victim, and may, on its own motion or that of a party or the victim, adjust the manner of payment of a fine or restitution under 18 U.S.C. §3664(k). See also 18 U.S.C. §3572(d)(3) and for probation 18 U.S.C. §3563(a)(7).

5) Payments will be applied in the following order:

a. Special assessments under 18 U.S.C. §3013;

b. Restitution, in this sequence (under 18 U.S.C. § 3664(i), all non-federal victims must be paid before the United States is paid):

Non-federal victims (individual and corporate),
Providers of compensation to non-federal victims,
The United States as victim;

c. Fine;

d. Community restitution, under 18 U.S.C. §3663(c); and

e. Other penalties and costs.

III. CONDITIONS OF PROBATION AND SUPERVISED RELEASE PERTAINING TO FINANCIAL SANCTIONS

1) As directed by the Probation Officer, the defendant must provide to the Probation Officer: (1) a signed release authorizing credit report inquiries; (2) federal and state income tax returns or a signed release authorizing their disclosure and (3) an accurate financial statement, with supporting documentation as to all assets, income and expenses of the defendant. In addition, the defendant must not apply for any loan or open any line of credit without prior approval of the Probation Officer.

2) The defendant must maintain one personal checking account. All of defendant's income, "monetary gains," or other pecuniary proceeds must be deposited into this account, which must be used for payment of all personal expenses. Records of all other bank accounts, including any business accounts, must be disclosed to the Probation Officer upon request.

3) The defendant must not transfer, sell, give away, or otherwise convey any asset with a fair market value in excess of $500 without approval of the Probation Officer until all financial obligations imposed by the Court have been satisfied in full.

This General Order will be effective upon filing by the Clerk.

IT IS SO ORDERED.

Virginia A. Phillips

CHIEF UNITED STATES DISTRICT JUDGE

Date of Approval by the Court: October 25, 2018

Date of Filing by the Clerk: November 2, 2018

FILED
CLERK, U.S. DISTRICT COURT
MAR 11 2003
CENTRAL DISTRICT OF CALIFORNIA
BY [illegible] DEPUTY

UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA

In the Matter of FINANCIAL DISCLOSURE DURING PRESENTENCE INVESTIGATION	)))))	GENERAL ORDER NO. 03-01

WHEREAS a defendant's disclosure of financial information during the presentence investigation would increase the probability of the defendant providing the type of information necessary to adequately analyze his or her financial condition and ability to pay financial sanctions, and

WHEREAS a defendant's cooperation is essential in obtaining such financial information,

IT IS HEREBY ORDERED that the following documents shall be provided by the defendant to the Probation Officer within 14 calendar days from the date of the guilty plea or verdict, unless another deadline is set by the Probation Officer:

1. An affidavit fully describing (a) the financial resources of the

defendant, including a complete listing of all assets owned or controlled by the defendant and any transfers or sales of assets since the defendant's arrest; (b) the financial needs and earning ability of the defendant, the defendant's spouse (or significant other), and the defendant's dependents living at home; and (c) such other information that the Court requires. [18 U.S.C. § 3664(d)(3)];

2. All supporting financial documents requested by the Probation Officer, including but not limited to bills, pay stubs, credit card statements, and bank account statements;

3. A signed release authorizing credit report inquiries;

4. Copies of filed federal and state income tax returns for the last five years or a signed release authorizing their disclosure.

Dated: March 11, 2003

Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score ra hbr 10 24 06

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** …
   Swear at you, insult you, put you down, or humiliate you?
   or
   Act in a way that made you afraid that you might be physically hurt?
   Yes No If yes enter 1 _____

2. Did a parent or other adult in the household **often** …
   Push, grab, slap, or throw something at you?
   or
   Ever hit you so hard that you had marks or were injured?
   Yes No If yes enter 1 _____

3. Did an adult or person at least 5 years older than you **ever**…
   Touch or fondle you or have you touch their body in a sexual way?
   or
   Try to or actually have oral, anal, or vaginal sex with you?
   Yes No If yes enter 1 _____

4. Did you **often** feel that …
   No one in your family loved you or thought you were important or special?
   or
   Your family didn't look out for each other, feel close to each other, or support each other?
   Yes No If yes enter 1 _____

5. Did you **often** feel that …
   You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
   or
   Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
   Yes No If yes enter 1 _____

6. Were your parents **ever** separated or divorced?
   Yes No If yes enter 1 _____

7. Was your mother or stepmother:
   Often pushed, grabbed, slapped, or had something thrown at her?
   or
   Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
   or
   Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
   Yes No If yes enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   Yes No If yes enter 1 _____

9. Was a household member depressed or mentally ill or did a household member attempt suicide?
   Yes No If yes enter 1 _____

10. Did a household member go to prison?
    Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score

RESILIENCE Questionnaire

Please circle the most accurate answer under each statement:

1. I believe that my mother loved me when I was little.

Definitely true Probably true Not sure Probably Not True Definitely Not True

2. I believe that my father loved me when I was little.

Definitely true Probably true Not sure Probably Not True Definitely Not True

3. When I was little, other people helped my mother and father take care of me and they seemed to love me.

Definitely true Probably true Not sure Probably Not True Definitely Not True

4. I've heard that when I was an infant someone in my family enjoyed playing with me, and I enjoyed it, too.

Definitely true Probably true Not sure Probably Not True Definitely Not True

5. When I was a child, there were relatives in my family who made me feel better if I was sad or worried.

Definitely true Probably true Not sure Probably Not True Definitely Not True

6. When I was a child, neighbors or my friends' parents seemed to like me.

Definitely true Probably true Not sure Probably Not True Definitely Not True

7. When I was a child, teachers, coaches, youth leaders or ministers were there to help me.

Definitely true Probably true Not sure Probably Not True Definitely Not True

8. Someone in my family cared about how I was doing in school.

Definitely true Probably true Not sure Probably Not True Definitely Not True

9. My family, neighbors and friends talked often about making our lives better.

Definitely true Probably true Not sure Probably Not True Definitely Not True

10. We had rules in our house and were expected to keep them.

Definitely true Probably true Not sure Probably Not True Definitely Not True

11. When I felt really bad, I could almost always find someone I trusted to talk to.

Definitely true Probably true Not sure Probably Not True Definitely Not True

12. As a youth, people noticed that I was capable and could get things done.

Definitely true Probably true Not sure Probably Not True Definitely Not True

13. I was independent and a go-getter.

Definitely true Probably true Not sure Probably Not True Definitely Not True

14. I believed that life is what you make it.

Definitely true Probably true Not sure Probably Not True Definitely Not True

How many of these 14 protective factors did I have as a child and youth? (How many of the 14 were circled "Definitely True" or "Probably True"?) _____

Of these circled, how many are still true for me? _____

(Source: www.acesconnection.com)