

**U.S. PRETRIAL SERVICES AGENCY
SOUTHERN DISTRICT OF NEW YORK**

REQUEST FOR COURTESY SUPERVISION

DATE: _____ SDNY PACTS #: _____
DISTRICT/CIRCUIT #: _____ OFFICE: _____
REQUESTER'S NAME: _____ ENGLISH
REQUESTER'S PHONE: _____ SPANISH
DEFENDANT'S NAME: _____ OTHER
DEFENDANT'S ADDRESS: _____

HOME TELEPHONE #: _____ CITIZENSHIP: _____ SEX: _____ RACE: _____
EMPLOYED: YES NO WORK TELEPHONE #: _____
SOCIAL SECURITY #: _____ DATE OF BIRTH: _____
ARREST DATE: _____ DOCKET #: _____
CHARGE / TITLE SECTION: _____

DATE OF INITIAL APPEARANCE: _____ ASSIGNED SDNY OFFICER: _____

REPORTING CONDITIONS

BAIL AMOUNT & TYPE: _____
REPORTING FREQUENCY: _____
TRAVEL RESTRICTIONS: _____
 ALCO: alcohol treatment ASSC: association _____ DRUG: drug treatment
 COMM: comm svce (PTD only) CTCF: comm treatment ctr-ftime CJA: CJA reimbursment
 CTCP: comm treatment ctr-ptime CURF: curfew order _____ EDUC: education
 EMON: electronic monitoring EVAL: sub. abuse evaluation EMPL: employemt
 HOME: home confinement RESI: maintain residence _____ OTHR: other conditions
 MENH: mental health THRD: third party custody _____ OTTR: other treatment
 REST: restitution (PTD only) REAC: restrict/abstain alcohol PASS: surrender/no new passport
 SEAR: search & seizure VICT: no victim/witness contact URIN: urine surveillance
 WEAP: weapons restriction SEXT: sex def. treatment CSRH: computer search
 SEXA: sex def. assessment
 OTHER CONDITIONS: _____

INITIALS OF RECEIVER: _____

*****IMPORTANT NOTE: REQUEST THE CALLER TO FAX ALL DOCUMENTS*****

DATE OF HV: _____ DATE ICSP COMPLETED: _____
PACTS OPEN DATE: _____ PACTS CLOSE DATE: _____