

Name: _____

Date: _____

INVESTIGATION QUESTIONNAIRE

Please complete all forms in this packet and return them in the envelope provided within three (3) days. If you do not understand certain question(s), leave them blank. You will have the opportunity to discuss these with the U.S. Probation Officer assigned to your investigation.

The probation officer will contact you regarding an appointment for a personal interview. If you change residence or telephone number, please notify your assigned officer immediately.

A. FAMILY DATA

The following family background information will be presented to the Court so that all factors concerning your history are considered prior to the time of sentencing. In some cases, the Court may consider extraordinary personal and family situations and needs in disposing of a case. It is very important that you be honest and accurate. (Whenever possible, be prepared to verify information with documents, receipts, letters, etc.)

A1. NAMES OF IMMEDIATELY FAMILY (This does NOT include wife and children)

NAME	RELATIONSHIP	AGE	PRESENT ADDRESS / TELEPHONE #	OCCUPATION
	MOTHER			
	FATHER			
	BROTHER			
	SISTER			

A2. MARITAL STATUS (Present and past marriages, including common-law)				
NAME OF SPOUSE(S) (including maiden name)	AGE	PLACE AND DATE(S) OF MARRIAGE / COMMON LAW	OCCUPATION OF SPOUSE	PLACE AND DATE OF DIVORCE (if applicable)

A3. CHILDREN NAMES			
(including those from previous relationships)	AGE/DOB	CURRENT ADDRESS	WITH WHOM RESIDING (include current telephone number)

A4. Is there anything significant about your family or marital situation which you feel the Court should know? No Yes If yes, explain

B. EDUCATIONAL DATA

B1. Do you have a high school diploma or GED equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No					
B2. NAMES AND LOCATION OF HIGH, COLLEGE OR TRADE SCHOOLS ATTENDED	DATES ATTENDED	COURSE OF STUDY	DATES GRADUATED OR DEGREE RECEIVED	GPA	REASON FOR LEAVING

B3. Were you ever in special education classes ? No Yes If yes, explain

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B4. Are you able to read and write in English ? Yes No

B5. Do you speak and/or write other languages ? No Yes If yes, which languages?

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C. MILITARY SERVICE DATA (If you have your military discharge papers, Form DD214, please attach)

C1. Have you ever served in the military ? Yes No If no, skip to Section C2.

SERVICE NUMBER	DATE OF ENTRY	BRANCH	HIGHEST RANK HELD	DISCHARGE DATE	TYPE OF DISCHARGE	RANK AT SEPARATION

C2. Have you ever served in the Reserves? Yes No If no, skip to Section D.

SERVICE NUMBER	DATE OF ENTRY	BRANCH	HIGHEST RANK HELD	DISCHARGE DATE	TYPE OF DISCHARGE	RANK AT SEPARATION

C3. List any medals or decorations you earned.

C4. Did you have any overseas duty? List the posts and the dates you were there.

C5. Did you incur any medical problems or receive any treatment while in the military?
 No Yes If yes, explain

C6. Have you been treated for anything using the Veteran's Administration services since discharge?
 No Yes If yes, explain

C7. Were you ever subject to Court Martial or other disciplinary action? No Yes If yes, provide the following:

DATE	PLACE	CHARGE	DISPOSITION

D. PERSONAL HEALTH DATA

D1. Are you presently under the care of any physician? No Yes If yes, provide the following:

NAME OF PHYSICIAN	ADDRESS	ILLNESS TREATED

D2. Are you taking any medication? No Yes If yes, provide the following:

NAME OF MEDICATION	PRESCRIBING PHYSICIAN	DAILY DOSAGE

D3. Have you ever been seriously ill or injured? No Yes, If yes, describe

E. MENTAL HEALTH DATA

E1. Are you presently under the care of a psychiatrist, psychologist, or counselor for any reason? No Yes, If yes provide the following:

NAME OF SERVICE PROVIDER	ADDRESS	ILLNESS TREATED

E2. How often do you see this service provider?

E3. When was the last time you saw him or her?

E4. Have you ever been see by a psychiatrist for mental health problems such as depression, anxiety, schizophrenia, or manic depression (bipolar disorder)?

No Yes If yes Explain when, where and why.

E5. What is your diagnosis ? What have doctors told you is wrong? When were you first told you had this problem?

E6. Were you ever hospitalized in a psychiatric ward of a hospital? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes Explain when, where and why.		
NAME OF HOSPITAL	LOCATION OF HOSPITAL	LENGTH OF STAY
	MEDICATION NAMES	DAILY DOSAGE
E7. Are you currently taking any medications for a mental health problems? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes Explain		
E8. Have you ever taken medications like Lithium, Haldol, Prolixin, Thorazine, or any other anti depressant medications? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes Explain		
E9. What symptoms associated with your illness have you experienced? (For example, have you ever heard voices in your head that weren't really there? Have you ever seen things that weren't really there? Do you often times feel like people are out to get you , like there might be a conspiracy against you? Do you feel your thoughts racing, like you can't keep up with them?)		
E10. Were you ever physically, emotionally or sexually molested or abused? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes Explain (I.e. How old were you, who was the perpetrator, was the perpetrator related to you, what did you do?)		
E11. Do you feel depressed or "down" a lot? Have you ever tried to hurt yourself? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes explain when, how and why.		
E12. Have you had thoughts or are you now having thoughts of hurting yourself of someone else? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes Explain		
F13. Do you experience mood swings? (E.e., do you have periods of severe depression followed by periods of feeling elated or "up"?) <input type="checkbox"/> No <input type="checkbox"/> Yes If yes Explain		
E14. Have you ever gone into a rage when you felt out of control? Have you ever hurt anyone in a fight or otherwise? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes Explain		
E15. Describe your relationship with your parents while growing up. How do you get along now?		
E16. Do you feel you might benefit from counseling at present? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes Explain		
E17. Do you receive any form of disability payment due to a physical or mental health problem? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes Explain		
E18. Is anyone in your family mentally ill or mentally retarded? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes Explain		

F. SUBSTANCE ABUSE HISTORY DATA

<p>F1. What drugs have you used? How old were you when you tried each drug? How often were you using each drug? When did you stop and why?</p>	
<p>F2. What are you using now? What is your drug of choice? (That is, what do you prefer to use)?</p>	
<p>F3. Do you consider yourself addicted to any type of drugs (present or past)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide name of drug(s) and when addicted.</p>	
<p>F4. How often do you use alcoholic beverages? Do you consider yourself a normal drinker?</p>	
<p>F5. Do you consider yourself to be an alcoholic? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes Explain why.</p>	
<p>F6. When you drink, what do you drink and how much? In what setting do you typically drink (i.e. at a bar, at home, with friends, alone, etc.)?</p>	
<p>F7. Has anyone ever complained about your drug use? About your drinking? (i.e. parents, spouse, friends, children)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes Explain</p>	
<p>F8. Can you stop using drugs whenever you want to? Can you stop drinking whenever you want without a struggle? <input type="checkbox"/> No <input type="checkbox"/> Yes If No Explain</p>	
<p>F9. What has been your longest period of sobriety? What is the longest you have remained "clean"? When is the last time you had a drink? Some type of drug?</p>	
<p>F10. Do you ever feel guilty about your drinking? About your drug use? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes Explain</p>	
<p>F11. Have you ever had problems on a job because of drugs or drinking? (i.e. been fired, or suspended) <input type="checkbox"/> No <input type="checkbox"/> Yes If yes Explain</p>	
<p>F12. Have you ever lost an important relationship because of drinking or drug? (i.e. marriage, friendship, parental?) <input type="checkbox"/> No <input type="checkbox"/> Yes If yes Explain</p>	
<p>F13. Have you ever gone to someone for help because of your drinking or drug use? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes Explain</p>	
<p>F14. Have you ever participated in a program for treatment of substance abuse or alcoholism? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes Explain</p>	
<p>F15. Have you attended AA, CA, or NA meetings? Were you ever court ordered to attend any meetings? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes Explain</p>	
<p>F16. Have you ever been arrested because of drugs or drinking – DWI, DUI, disorderly conduct, public intox or assaultive behavior? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes Explain</p>	

F17. How much money on average do you spend on drugs or alcohol? Where does the money come from?	
F18. Do you drink or use drugs to relax or feel better? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes Explain	
F19. Have you ever experienced physical or medical problems because of drug use or alcohol consumption? (i.e. stomach ulcers, liver ailments, or abnormal loss of weight) <input type="checkbox"/> No <input type="checkbox"/> Yes If yes Explain	
F20. Have you experienced psychiatric problems because of drug use or alcoholism? (i.e. hearing voices, seeing things, delirium tremens, paranoia, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes If yes Explain	
F21. Have you ever been hospitalized in psychiatric ward of a hospital because of your use of drugs or excessive drinking? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes Explain	
F22. Did you have any drugs or alcohol prior to coming to this interview? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what did you use, how much and how long ago?	
F23. Has anyone in your family had problems with drugs and/or alcohol? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes Explain	

G. EMPLOYMENT HISTORY DATA

It is necessary for us to establish your means of support for yourself and your dependents. Please list your jobs and/or sources of income for the past 10 years, and summarize your employment history prior to that. (Start with your present position and work back. Use additional pages if necessary.) If you have a current resume, please attach.

G1. EMPLOYER NAME AND ADDRESS	DATES EMPLOYED		TYPE OF WORK	SALARY / HOURLY WAGE		REASON FOR LEAVING
	STARTED	ENDED		STARTED	ENDED	

G2. List any occupational skills, interests and ambitions.

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.)

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

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 B					

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 ?
Section C								

Initials _____ Date _____

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)			
Section K	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							
CHARGE ACCOUNTS AND LINES OF CREDIT (Include all bank credit cards, lines of credit, revolving charge accounts, etc.)							
Section A	I/J S/D	Type of Account or Card	Name and Address of Creditor	Credit Limit	Amount Owed	Credit Available	Minimum Monthly Payment
OTHER DEBTS (Include mortgage loans, notes payable, delinquent taxes, and child support.)							
Section B	I/J S/D	Owed To	Address	Relationship (if any)	Amount Owed	Reason Owed	Monthly Payment
PARTY TO CIVIL SUIT (Include any civil lawsuits you have ever been a party to.)							
Section C	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
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.)							
Section D	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 _____

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 Other 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		

Last Name - _____	
Necessary 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 actually 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 total 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 NECESSARY CASH OUTFLOWS)	
MONTHLY CRIMINAL MONETARY PENALTY PAYMENT: \$	
PROSPECT OF INCREASE IN CASH INFLOWS (Give a general statement of the prospective increase of the value of any cash inflows reported.)	

Signature _____

Date _____