



Ada County Misdemeanor Probation

Stephen Bartlett, Sheriff

Misdemeanor Probation Initial Check-In Form

Instructions:

1. This form must be answered by the probationer.
2. Answer all questions completely and to the best of your ability.
3. Please be honest and accurate.
4. Return this form to your Probation Officer during your first appointment.

Our goal is to help you succeed while on probation, to better your life, and not return through the criminal justice system. Please let us know if you have questions regarding this process.

Section 1: Personal Information

Name: _____
Last First Middle

Gender: Male Female Ethnicity: Hispanic Non-Hispanic

Race: White American Indian/Alaskan Native Asian/Pacific Islander Black Other _____

Primary Language: _____ Do you need an English translator? Yes No

Date of Birth: _____ Place of Birth _____
mm/dd/yyyy City State Country

Are you a legal U.S. Citizen? Yes No (please explain) _____

DL or State issued I.D. #: _____ Social Security #: _____
State Expiration Date

ID Valid? Yes No (why) _____

Other names used: _____
Please list nicknames, and all other names (last, first, middle), and any other DOB's or SSN's used

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Scars/Marks/Tattoos _____

Do you have a vehicle? Yes No (what is your transportation method) _____

Vehicle Make	Model	Year	Color	Plate Number
1.				
2.				
3.				

Phone Numbers	Number	Ok to Call?	Emergency Only?	Primary Number?	Smart Phone?
Cell Phone	() _____ - _____	Yes No	Yes No	Yes No	Yes No
Home Phone	() _____ - _____	Yes No	Yes No	Yes No	Yes No
Work Phone	() _____ - _____	Yes No	Yes No	Yes No	Yes No

E-Mail Address: _____

Please mark all that apply:

	Please Explain
<input type="checkbox"/> I have a medical condition	
<input type="checkbox"/> I am a Registered Sex Offender	
<input type="checkbox"/> I have hate ideology	
<input type="checkbox"/> I am insulin dependent	
<input type="checkbox"/> I have anger/violence tendencies	
<input type="checkbox"/> I have a history of seizures	
<input type="checkbox"/> I have a history of mental illness	
<input type="checkbox"/> I use a wheelchair, walker or cane	
<input type="checkbox"/> I have a physical handicap	

Section 2: Living Arrangements

What is your current address?

Address Apt # City State Zip

Date you moved there: _____ How long have you lived there: _____ Type of housing: _____

Mm/dd/yyyy (approximate) house, apartment, shelter, etc.

Do you own, rent, lease or none? _____

Who lives here with you?

Name (last, first)	Relationship	Phone Number & Type	How long have you known them?

Do you stay anywhere else? Yes No

If yes, where: _____

Address Apt # City State Zip

How often do you stay there? _____

Who stays here with you?

Name (last, first)	Relationship	Phone Number & Type	How long have you known them?

Section 3: Employment

Do you have a job? yes no (why) _____

If yes, where do you work: _____ Date Started: _____

How long have you worked here? _____ Part time or Full time: _____ Hours work per week: _____

Work address: _____
Address City State Zip

Work phone: _____ Occupation: _____ Wages per month: _____

Name of Supervisor: _____ Supervisor phone: _____

Section 4: Military Background

Have you served in the US Military? Yes No, If yes: Circle appropriate information below

Status	Branch	Rank		Discharge
Active	Air Force	Private	Master Sergeant	Bad Conduct
Discharged	Army	Private 1 st Class	First Sergeant	Dishonorable
	Coast Guard	Specialist	Staff Sergeant Major	General
	Marines	Corporal	Warrant Officer	Honorable
	National Guard	Buck Sergeant	2 nd Lieutenant	Other than honorable
	Navy	Staff Sergeant	1 st Lieutenant	Unknown
	Reserves	Sergeant 1 st Class	Colonel or General	Not Applicable

Year enlisted: _____ Year discharged: _____ Combat? Yes No

Do you receive benefits from the VA? Yes No If yes, how much per month: _____

Section 5: Family

What is your marital status?

Single Married Divorced Separated Have a significant other Widowed

How often do you have contact with family members?

Daily 2-3x a week Weekly 2-3x a month Monthly 2-3x a year 1x a year Never

Are you pregnant? Yes No If yes, how many months: _____

How many children do you have? _____ How many live with you? _____

How many are minors? _____ How many live with you? _____

List all your children:

Name (Last, First)	DOB	M/F	Custody Status	Lives With	Child Support & Monthly Amount	Are you Current?

List your other immediate family members:

Name (Last, First)	Relationship	DOB	M/F	Address	Phone # & Type

Section 6: Questions

What was your age at first arrest?

- 9-18 years old 19-22 years old 23 or older

How many times have you been arrested (including Juvenile arrests)?

- 10 or more 4-9 times 0-3 times

What is your current age range?

- 18-30 years old 31-44 years old 45 or older

1. Do you have a high school diploma, equivalent or GED?

- yes no

a. If no, are you working on receiving them?

- yes no

Why or why not: _____

2. Do you own or possess any firearms or ammunition?

- yes no

If yes, please list all of them and the reason for possessing: _____

3. Does the current case you are on probation for directly or indirectly involve the use and/or possession of drugs and/or alcohol?

- yes no, If yes, please explain: _____

4. Have you ever been charged or arrested for a domestic violence related offense?

- yes no

If yes, please explain: _____

5. Have you ever been the victim of domestic violence?

- yes no, if yes, please explain: _____

6. Other than your current probation offense, do you have any other felony or misdemeanor charges in Idaho or a different state?

- yes no, If yes, please list the charge & state: _____

7. Do you have any pending cases in Idaho or a different state?

yes no

If yes, please list the charge and state: _____

8. Do you have any short term goals (3-6 months)?

yes no

If yes, please list the top 2:

1.) _____

2.) _____

9. Do you have any long term goals (1-2 years)?

yes no

If yes, please list the top 2:

1.) _____

2.) _____

10. Please briefly tell us about what happened that led to your current probation:

Section 7: Drug, Tobacco & Alcohol Use

Substance & Alcohol Use:

	Primary Choice	Secondary Choice	Third Choice
Type of Drug or Alcohol			
Age first used			
How often do you use			
How do you administer (inject, inhale, oral, smoke)			
Date last used			
Days used in last 30 days			
Who do you use with?			
Total cost of habit per day is \$ _____ Total years of use are _____ Total drinks per day _____			

Tobacco Use:

Do you smoke?	<input type="checkbox"/> yes <input type="checkbox"/> no	How many packs per day? _____	Do you chew? <input type="checkbox"/> yes <input type="checkbox"/> no
Do you smoke with drugs?	<input type="checkbox"/> Before <input type="checkbox"/> After <input type="checkbox"/> Same		

1. Are you in alcohol or drug treatment, if yes specify _____

2. Are you abusing prescription drugs, if yes specify _____

The responses given above are truthful to the best of my knowledge.

Signature: _____ Date: _____

Probation Officers review: _____

Probation Officers initials