



Ada County Misdemeanor Probation

Stephen Bartlett, Sheriff

<i>Authorized Personnel Only</i> Cost of Supervision
Paid Today:
Amount to be Current:

Probation Monthly Check-In Form

This form **MUST BE COMPLETED** and signed each and every month before meeting with your probation officer.

My monthly Cost of Supervision is: _____ **Was this paid today?** Yes No **If No, when will you be paying?** _____

Date Time of Arrival Appointment Time Probation Officer

Your Full Name (Last, First, Middle) Date of Birth

Has your address or phone number changed? Yes No **If yes, please provide new contact information:**

Home Phone Cell Phone Work Phone Message Phone

Address City State Zip Code

E-Mail Address

Employer/School Occupation Wage Hours per Week Supervisor

Emergency Contact Name Phone Relationship

Are you in a relationship? Yes No **If Yes, Name & Phone number:**

Have you consumed any alcohol or used any controlled substances not prescribed by a doctor since your last appointment? Yes No

If yes, explain: _____

Currently taking medications? Yes No

If yes, list medications: _____

Have you had any recent law enforcement contact? Yes No

If yes, explain: _____

My signature attests to the truthfulness of the answers and statements above. I understand that my failure to answer truthfully and comply with the rules of supervised probation may result in a probation violation and/or the revocation of my probation.

Your Signature

Date Signed