

Misdemeanor Probation Initial Check-In Form

Instructions:

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- 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 Informatio	n			
Name:		First	Mid	dle
Gender: ☐ Male ☐ Female	Ethnicity: Hispanic	☐ Non-Hispanic		
Race: □White □American Indian	/Alaskan Native ☐ Asia	an/Pacific Islander	☐ Black ☐ Other	
Primary Language:		Do you need ar	English translator? 🗆 \	'es □ No
Date of Birth:	Place of Birth _	City		ountry
Are you a legal U.S. Citizen? ☐Yes	\square No (please explain) _			
DL or State issued I.D. #: ID Valid?	State Expira		-	
Other names used: Please list nickna	nmes, and all other names (last, first, middle), a	nd any other DOB's or SSNa	t's used
Height: Weight:	Hai	ir Color:	Eye Color:	
Scars/Marks/Tattoos				
Do you have a vehicle? ☐Yes ☐N	o (what is your transpor	tation method)		
Vehicle Make	Model	Year	Color	Plate Number
1.				
2.				

Phone Numbers	Number		Ok to	Call?	Emergen	cv Only?	Primary I	Number?
Cell Phone	()	-	Yes		Yes	No	Yes	No No
Home Phone	()		Yes		Yes	No	Yes	No
	/		•					
Work Phone	()		Yes	No	Yes	No	Yes	No
Please mark all that a	apply:		•		•		•	
		Please Explain						
☐I have a medical co	ondition							
☐I am a Registered S	Sex Offender							
☐I have hate ideolog	gy							
□I am insulin depen	dent							
☐I have anger/viole	nce tendencies							
☐I have a history of	seizures							
☐I have a history of	mental illness							
☐I use a wheelchair,	walker or cane							
☐I have a physical h	andicap							
Section 2: Living	Arrangements							
What is your current	address?							
	Address			Apt #	City		State	Zip
Date you moved there:		How long how	يمينا ييمير	d thora		Tune of housings		
Date you moved there:	Mm/dd/yyyy (app	now long hav	e you live	d there:		Type of nousing:		ment, shelter, etc.
	7 7 7 7 7 7 - 1- 1-	,					, . , . ,	, , , , , , , , , , , , , , , , , , , ,
Do you own, rent, lea	ase or none?							
Who lives here with								
	D a l	ationship	l Pho	ne Number	· 2. Typa			
Name (last, first)	Kei	ationship	1		& Type	How to	ng have yo	u known them?
Name (last, first)	Kei	ationship			α τγρε	How io	ng have yo	u known them?
Name (last, first)	Rei	ationship			& туре	How to	ing have yo	u known them?
Name (last, first)	Kei				а туре	How to	ing have yo	u known them?
Name (last, first)	Rei	ationship			« туре	How to	ng have yo	u known them?
Name (last, first)	Rei				а туре	How to	ng have yo	u known them?
					а туре	How to	ng have yo	u known them?
Name (last, first) Do you stay anywher		□No			а туре	How to	ng have yo	u known them?
Do you stay anywher	re else? □Yes				α τγρε	Howic	ng have yo	u known them?
	re else? □Yes			Apt#	City		ate	zip
Do you stay anywher	re else? □Yes	□No						
Do you stay anywher If yes, where:	re else?	□No						
Do you stay anywher If yes, where: How often do you stay Who stays here with	re else?	□No		Apt #	City	St	ate	Zip
Do you stay anywher If yes, where:	re else?	□No			City	St	ate	
Do you stay anywher If yes, where: How often do you stay Who stays here with	re else?	□No		Apt #	City	St	ate	Zip
Do you stay anywher If yes, where: How often do you stay Who stays here with	re else?	□No		Apt #	City	St	ate	Zip
Do you stay anywher If yes, where: How often do you stay Who stays here with	re else?	□No		Apt #	City	St	ate	Zip

Section 3: Em	nployment								
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:	ork phone: Wages per month:								
Name of Supervi	sor:				_ Supe	rvisor phone:			
Section 4: Mi	litary Background								
Have you served	in the US Military?	□Yes □N	lo, If ye		-	e information belo			
Status	Branch			Ra	nk		Discharge		
Active	Air Force	Private Ast	<u>Cl</u>			r Sergeant	Bad Conduct		
Discharged	Army	Private 1 st				ergeant	Dishonorable	e	
	Coast Guard	Specialist			Staff Sergeant Major		General Honorable		
	Marines	Corporal Buck Serge	ant		Warrant Officer 2 nd Lieutenant		+	oporablo	
	National Guard Navy	Staff Serge			1 st Lieutenant		+	Other than honorable Unknown	
	Reserves	Sergeant 1				el or General	Not Applicab	No.	
Year enlisted: Year discharged: Combat? ☐ Yes ☐ No Do you receive benefits from the VA? ☐ Yes ☐ No If yes, how much per month:									
Section 5: Fa	mily								
What is your ma	rital status?								
☐ Single [☐ Married [☐ Divorced		Separated	l [☐ Have a significar	nt other 🔲 W	/idowed	
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 live with you?									
List all your children:									
Name (Last, First		DOB	M/F	Custody St	tatus	Lives With	Child Support &	Are you	
rvame (Last, 1113)		505	141,71	custouy s		LIVES WITH	Monthly Amount		
		1							

List your other immediate family members:

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

Sec	ction 6:	Questions
Hov	9-18 year	our age at first arrest? rs old
	at is your 18-30 yea	current age range? ars old
1.	□ yes □ a. □ yes	If no, are you working on receiving them?
2.	☐ yes [If yes, pl	own or possess any firearms or ammunition? ☐ no lease list all of them and the reason for ing:
3.		e current case you are on probation for directly or indirectly involve the use and/or possession of drugs and/or alcohol? — no, If yes, please explain:
4.	□ yes [u ever been charged or arrested for a domestic violence related offense? Ino Ilease explain:
5.		u ever been the victim of domestic violence? ☐ no, if yes, please explain:
6.		nan your current probation offense, do you have any other felony or misdemeanor charges in Idaho or a different state? □ no, If yes, please list the charge & state:

7.	Do you have any pending ☐ yes ☐ no If yes, please list the char ———————————————————————————————————						
	Do you have any short ter yes no If yes, please list the top 2 1.) 2.)): 					
9.	Do you have any long term ☐ yes ☐ no If yes, please list the top 2 1.) 2.)	!: 					
	Please briefly tell us abou		at led to your	current probation:			
Sub	stance & Alcohol Use:						
	Time of David on Alaskal	Primary Choice		Secondary Choice		Third Choice	
	Type of Drug or Alcohol Age first used						
	How often do you use						
(in	How do you administer ject, inhale, oral, smoke) Date last used						
	Days used in last 30 days						
	Who do you use with?						
Tota	al cost of habit per day is \$	Total ve	ears of use are	Tota	ıl drinks per d	lav	
	acco Use:						
				r day?	_ Do you	chew? ☐ yes ☐ no	
1.	you smoke with drugs? Are you in alcohol or drug Are you abusing prescript						
The	responses given above	are truthful to th	e best of my	knowledge.			
Sigr	nature:			Date:			
Pro	bation Officers review:_						

Probation Officers initials