



# BANNOCK COUNTY MISDEMEANOR PROBATION

## Initial Check-In Form

### Instructions:

1. This form must be answered by the probationer in **BLUE** or **BLACK** in ONLY.
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.
5. Everything on this form is considered CONFIDENTIAL information and will NOT be divulged to anyone without your consent.

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 main transportation method) \_\_\_\_\_

Vehicle Make	Model	Year	Color	Plate Number
1.				
2.				

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	

Please provide a "personal message contact" of someone (preferably) that does NOT live with you that we may contact in the case of any emergency in our office:

Name	Current Phone Number	Current Address	Relation to you?
	( )		

## 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: \_\_\_\_\_

Work Schedule (days/hours): \_\_\_\_\_

### Section 4: Military Background

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

Year enlisted: \_\_\_\_\_ Year discharged: \_\_\_\_\_ Combat?  Yes  No

Branch Served in: \_\_\_\_\_ (eg: US AIR FORCE, etc)

### 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  N/A 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? \_\_\_\_\_

### Section 6: Demographics

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

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

yes    no

What is your current age range?

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

Do you own or possess any firearms or ammunition?

yes    no

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

yes    no

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been the victim of domestic violence?

yes    no, if yes, please explain: \_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

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

yes    no

If yes, please list the charge and state: \_\_\_\_\_

\_\_\_\_\_

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

yes    no

If yes, please list the top 2:

1.) \_\_\_\_\_

2.) \_\_\_\_\_

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

yes    no

If yes, please list the top 2:

1.) \_\_\_\_\_

2.) \_\_\_\_\_

\_\_\_\_\_

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

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**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?			

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