

**BONNER COUNTY ADULT MISDEMEANOR PROBATION**

Please fill out this packet completely and bring it to your initial appointment.

You must call (208) 263-1602 within **3** days of sentencing to schedule an initial intake appointment. If you serve jail time immediately following sentencing, you must call within 3 days of your release from jail. Please note your intake appointment with your Probation Officer will take 1 ½ - 2 hours.

<p align="center"><b>Bonner County Justice Services</b>  <b>4002 Samuelson Avenue</b>  <b>Sandpoint, ID 83864</b>  <b>(208) 263-1602</b></p>	
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FIRST NAME	MIDDLE NAME	LAST NAME

Other Names used: (Maiden, Other Married Name, Alias's used)	
<b>Maiden/Birth Name:</b>	
<b>Other Married Name(s):</b>	
<b>Alias's Used:</b>	
<b>Marital Status:</b>	<input type="checkbox"/> Single (never married), <input type="checkbox"/> Legally Married, <input type="checkbox"/> Legally Separated, <input type="checkbox"/> Legally Divorced, <input type="checkbox"/> Other:

<b>Social Security Number:</b>	
<b>Date of Birth:</b>	

Home Phone#	Cell Phone#	Emergency Contact Information		
		Name	Relationship	Number

<b>Current Mailing Address:</b>						
<b>Current Physical Address:</b>						
<b>Directions to Physical Address:</b>  (Draw a map on the last page of this packet)						
<b>Describe Residence:</b> (# of levels, color, fences, other identifying items or landmarks)						
<b>Type of Residence:</b>	Home	Apartment	Duplex	Trailer	Boat	Other:

<b>How long have you lived at your current residence?</b>	_____ months  _____ years	<b>If current residence is less than 5 years list other City/State you have lived in within the last 5 years.</b>	
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<b>Dogs at Residence:</b> List breed, name, aggressions:	
<b>List any weapons in residence:</b> (handguns, rifles, bows, knives, swords, etc...)	
<b>Scars, Marks, Tattoos:</b> (description and location)	

<b>Physicals</b>	(Sex)	(Height)	(Weight)	(Hair Color)	(Eye Color)	(Race)
	M / F					

**OTHER PERSONS BESIDES PROBATIONER LIVING IN RESIDENCE**

(IF YOU ADD ANY ADDITIONAL RESIDENTS YOU NEED TO CONTACT PROBATION WITHIN 24 HOURS)

Name	Age	Relationship (Spouse, Children, Roommate, etc.)	Does Subject have any Misdemeanor or Felony convictions?

**PRIOR CRIMINAL HISTORY**

Write a brief description of the type and number of ADULT charges you have been CONVICTED of in your lifetime.

Is there any other person living in the same residence that currently has prescription medication	N / Y
What medications are in the residence? (those that are not prescribed to you)	
Is there anyone living in the same residence who drinks alcohol?	N / Y

<b>Is there anyone in the same residence who is prohibited from having weapons?</b>	N / Y	List Person & Explain ->	
<b>Do you have any family members who have been convicted of a Misdemeanor or Felony?</b>	N / Y	List Person & Charge(s) ->	
<b>Do you have any close friends who have been convicted of a Misdemeanor or Felony?</b>	N / Y	List Person & Charge(s) ->	

<b>Other relatives you keep in contact with</b>			
<b>Name</b>	<b>Relationship</b>	<b>City of Residence</b>	<b>Phone#</b>

<b>Close friends/acquaintances living in the area</b>		
<b>Name</b>	<b>City of Residence</b>	<b>Phone#</b>

<b>List any children that are not currently living with you full time</b>			
<b>Name</b>	<b>Relationship (age)</b>	<b>City of Residence (Name of parent if juvenile)</b>	<b>Phone#</b>

<b>Other States Lived In:</b>	
<b>County and State of Birth:</b>	

<b>Name and Location of High School:</b>	
<b>Highest Grade Completed in School:</b>	
<b>High School Graduate or GED?</b>	
<b>When in School:</b>	Were you ever suspended / expelled? N / Y

<b>Name of College and Field of Main Study/Degree</b>	
<b>Do you belong to any social groups? Ex: Rotary Club, Lions Club, etc.</b>	N / Y (If Yes list ->)
<b>Do you participate in any organized sports/activities? Ex: Golf, Baseball, Basketball, Music, Theater, Hunting, etc.</b>	N / Y (If Yes list ->)

<b>VEHICLES AT RESIDENCE</b>						
<b>Driver</b>	<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>Color</b>	<b>Reg Owner</b>	<b>License County</b>

<b>State where your Driver's License was issued:</b>		<b>If your Driver's License is suspended what is the reason?</b>	
		<b>When do you expect to have your driving privileges returned?</b>	

## MEDICAL

(\*\*\*\*\* ALL MEDICATIONS MUST BE VERIFIED BY BRINGING IN YOUR CURRENT BOTTLE OF MEDICATION TO PROBATION\*\*\*\*\*)

Current Prescribed Medications	Reason this medication was prescribed to you	How long have you been taking this medication	Prescribing Doctor

<b>Have you ever been treated for Mental Illness</b>		N / Y (If Yes explain->)
<b>Other Medical Health Information you feel is important for Probation to be aware of? (universal precautions, mental health diagnosis, etc...)</b>		
<b>Have you had any recent significant Loss:</b>	N / Y	If yes When and Who?
<b>Have you ever had thoughts of Suicide?</b>	N / Y	If yes When?
<b>Have you ever attempted Suicide?</b>	N / Y	If yes When?
<b>Have any family member(s) ever committed suicide?</b>	N / Y	If yes When and Who?

<b>Do you have Medical Insurance?</b>	N / Y: If Yes, name company:
<b>Do you Pay Child Support?</b>	N / Y: If Yes, how much monthly and to whom is the child support paid?
<b>Do you receive Child Support?</b>	N / Y: If Yes, how much monthly?
<b>Do you receive a retirement pension?</b>	N / Y: If Yes, how much monthly?
<b>Do you receive an annuity, trust fund or other income?</b>	N / Y: If Yes, how much monthly?
<b>Do you receive SSI or other Disability income?</b>	N / Y: If Yes, how much monthly?
<b>Do you receive food stamps?</b>	N / Y: If Yes, how much monthly?

<b>EMPLOYMENT</b>	
<b>If currently <u>unemployed</u>:</b>	Last Employment: Quit / Fired / Layed Off / Seasonal Last Employment: Month: _____ Year: _____ What is the longest time you held a job? Months: _____ Years: _____
<b>Employer Name: Address/Phone</b>	
<b>Supervisors Name: Address/Phone</b>	
<b>Work Schedule: Days/Times</b>	
<b>Salary or Hourly Wage:</b>	
<b>Type of work currently:</b>	
<b>Other Current Work: Employer Address/Phone Supervisor Hours</b>	
<b>Other Type of work history:</b>	

<b>Military Veteran:</b>	Y / N
<b>If Military Veteran, Branch of Service and Type of Discharge:</b>	
<b>If you have plans to join the military, please advise: When and what Branch?</b>	
<b>Have you ever been Fired from employment?</b>	N / Y

<b>Were you ever arrested under the age of 16?</b>	N / Y		
<b>If Yes: List charges</b>			
<b>Did you ever receive an escape charge from a correctional facility? This includes walking away from work release and not returning to jail?</b>	N / Y: If Yes explain ->		
<b>Did you ever receive sanctions for misconduct while in a correctional facility?</b>	N / Y: If Yes explain ->		
<b>Have you ever been ordered into Supervised Probation (prior to this charge)?</b>	N / Y:	<b>When and what State?</b>	<b>What was your convicted charge?</b>
<b>Have you ever been ordered into Un-Supervised Probation?</b>	N / Y	<b>When and what State?</b>	<b>What was your convicted charge?</b>



Have you ever received a Probation Violation?	N / Y	When and what State?	What reason did you receive a Violation?
Have you ever been charged with a sexual offense?	N / Y	When and what State?	If Yes, What was the convicted Charge? Or was this dismissed?
Have you ever been required to register as a sex offender?	N / Y	During what period?	What State(s)?
Have you ever been charged with an Assault or Battery?	N / Y	If Yes, were you convicted?	If Yes, what was the convicted charge and where and when was this conviction?

<b>Do you have an Attorney?</b>	N / Y If yes, is this a Public Defender or Private Attorney? Name:
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<b>NO CONTACT ORDERS / CIVIL PROTECTION ORDERS</b>	
Are there any active No Contact/Protection Orders against you?	
Name of victim/protected person?	
Have you had contact with your victim?	N / Y
Nature/date of last contact?	

Did you obtain a substance abuse or other evaluation prior to going to court for your sentencing?	Yes / No	If you did obtain an evaluation, you need to bring a copy of this with you to your intake appointment
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<b>SUBSTANCE USE HISTORY</b>		
Substance	Use	How often did you use this substance when you used the most frequently and date of last use
Tobacco	N / Y	
Alcohol	N / Y	

Marijuana	N / Y	
Methamphetamine	N / Y	
Cocaine	N / Y	
Heroin	N / Y	
Shrooms	N / Y	
Prescription Drugs	N / Y	
Spice	N / Y	
Bath Salts	N / Y	
Huffing	N / Y	
Ecstasy	N / Y	
Hashish	N / Y	
Mescaline	N / Y	
IV Drug Use	N / Y	
Other	N / Y	

Other Information you want probation to be aware of or any questions you have:

**DRAW MAP TO RESIDENCE**



**I verify that all statements made in this document are true to the best of my knowledge and I have not knowingly falsified any information**

**I understand that it is MY responsibility to maintain contact with my Probation Officer and that I will not expect any family or friends to make calls to Probation on my behalf.**

**I understand that it is My responsibility to understand the rules for my Probation and that I will read through ALL Probation conditions that I sign and will contact my Probation Officer if I do not understand ANY of my Probation Conditions. I will also keep a copy of these conditions for my records.**

**Name of Probationer (Print/Sign)**

**Date**

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