Idaho County Misdemeanor Probation Intake Form

Date: _____

PROBATIONER INFORMATION:

First/Middle/Last Name: _____

DOB: _____ Soc Sec #: _____ Place of Birth: _____ Marital Status: _____

Address (mailing): _____

Address (physical): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Message Phone: _____

Who else lives in the home (full name/age/relationship):

_____

_____

How long at this residence? _____ Previous residence (if less than 2 years) _____

Are there guns in the home? If so, are they locked? _____

Are there dogs/animals in and/or out of the home? _____

IDENTIFYING INFORMATION:

Nickname/Alias: _____ Height: _____ Weight: _____

Eye Color: _____ Hair color: _____

Tattoos/scars (description & location): _____

_____

Race/Ethnicity (Please circle one): White, Hispanic-All Races, American Indian, Asian, Black, Pacific Islander, Other mixed

ALTERNATIVE CONTACT:

Name: _____

Address: _____

Phone Number: _____ Relationship: _____

CRIMINAL HISTORY:

Current Charge(s): _____

Currently on probation? If so, where and for what charge(s)? _____

_____

Prior misdemeanor charges? If so, what and when? _____

_____

Prior felonies? If so, what and when? _____

_____

Have you served time in prison? _____ Have you served time in jail? _____

EDUCATION/EMPLOYMENT:

Last Grade Attended: _____ High School Diploma? **Y N** GED? **Y N**

Employer: _____ Phone: _____

How long? _____ Work Schedule: _____

Monthly income: _____ Previous employer: _____

DRIVING STATUS:

Driver's License #: _____ Vehicle Description: _____

License suspended? If so, until when? _____

COUNSELING/BENEFITS:

Mental Health diagnosis: _____

Mental Health counseling? If so, counselor name: _____

Substance Use counseling? If so, counselor name: _____

Insurance Info: Insurance Carrier: _____ Group #: _____ Subscriber #: _____

Name of Insured: _____ Medicaid #: _____

Doctors: _____ Clinic/Hospital: _____

_____

Medical issues: _____

_____

Prescriptions: _____

Eligible for Veterans Benefits**: Y N** Other Benefits/food stamps/SSI/Disability: _____

_____

SUBSTANCE USE:

Do you drink alcohol? If so, what is your drinking pattern/how often? _____

At what age did you begin drinking? _____ Date of last alcohol use: _____

What drugs have you used/experimented with in your lifetime? _____

_____

At what age did you start using drugs? _____ Date of last use of each drug listed: _____

_____

Drug of choice: _____