

## **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.

**Bonner County Justice  
Services  
4002 Samuelson Avenue  
Sandpoint, ID 83864  
(208) 263-1602**



FIRST NAME	MIDDLE NAME	LAST NAME

Other Names used: (Maiden, Other Married Name, Alias's used)	
Maiden/Birth Name:	
Other Married Name(s):	
Alias's Used:	
Marital Status:	<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:
Total # of children at time of intake	
# of children currently in the juvenile justice system	

Social Security Number:	
Date of Birth:	
Email Address:	

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

<b>How long have you lived at your current residence?</b>	_____ months	<b>If current residence is less than 5 years list other City/State you have lived in within the last 5 years.</b>	
	_____ years		

<b>Dogs at Residence:</b> <b>List breed, name, aggressions:</b>	
<b>List any weapons in residence:</b> <b>(handguns, rifles, bows, knives, swords, etc...)</b>	

<b>Scars, Marks, Tattoos: (description and location)</b>	
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<b>Physicals</b>	(Sex)	(Height)	(Weight)	(Hair Color)	(Eye Color)	(Race)
	M / F					

<b>OTHER PERSONS BESIDES PROBATIONER LIVING IN RESIDENCE</b> (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?

<b>PRIOR CRIMINAL HISTORY</b>
<b>Write a brief description of the type and number of ADULT charges you have been CONVICTED of in your lifetime.</b>

<b>Is there any other person living in the same residence that currently has prescription medication</b>	N / Y

<b>What medications are in the residence? (those that are not prescribed to you)</b>			
<b>Is there anyone living in the same residence who drinks alcohol?</b>			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>Current Reading Level:</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 ->)

### VEHICLES AT RESIDENCE

Driver	Year	Make	Model	Color	Reg Owner	License County

<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>	

<b>MEDICAL</b> <b>(*****ALL MEDICATIONS MUST BE VERIFIED BY BRINGING IN YOUR CURRENT BOTTLE OF MEDICATION TO PROBATION*****)</b>			
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>		<b>N / Y (If Yes explain-&gt;)</b>
<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>	<b>N / Y</b>	<b>If yes When and Who?</b>
<b>Have you ever had thoughts of Suicide?</b>	<b>N / Y</b>	<b>If yes When?</b>
<b>Have you ever attempted Suicide?</b>	<b>N / Y</b>	<b>If yes When?</b>
<b>Have any family member(s) ever committed suicide?</b>	<b>N / Y</b>	<b>If yes When and Who?</b>

<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?

### EMPLOYMENT

<b>If currently <u>un</u>employed:</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>Have you ever been Fired from employment?</b>	N / Y

<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>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 ->
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<b>Did you ever receive sanctions for misconduct while in a correctional facility?</b>	N / Y: If Yes explain ->
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<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>
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<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>
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<b>Have you ever received a Probation Violation?</b>	N / Y	<b>When and what State?</b>	<b>What reason did you receive a Violation?</b>



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

<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>	
<b>Are there any active No Contact/Protection Orders against you?</b>	
<b>Name of victim/protected person?</b>	
<b>Have you had contact with your victim?</b>	N / Y
<b>Nature/date of last contact?</b>	

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

Methamphetamine	N / Y	
Fentanyl	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	
Kratom	N / Y	
IV Drug Use	N / Y	
Other	N / Y	
<u>Other Information you want probation to be aware of or any questions you have:</u>	N / Y	

<b>DRAW MAP TO RESIDENCE</b>		

**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.**

<b>Name of Probationer (Print/Sign)</b>	<b>Date</b>