



# Ada County Misdemeanor Probation

## Initial Check-in

This form will be used for probation supervision. It is important that the responses are true, accurate, and complete. Our goal is to help you complete probation successfully. Let us know if you have any questions regarding this process.

### Section 1: Personal Information

Name: \_\_\_\_\_  
Last First Middle

Legal name: (if different from above): \_\_\_\_\_

Preferred pronouns: \_\_\_\_\_ Other names used: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
mm/dd/yyyy City State Country

Other date of birth(s) used: \_\_\_\_\_

Social security number (SSN): \_\_\_\_\_ Other SSN used: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_

Scars / Marks / Tattoos: \_\_\_\_\_

Race:  White  American Indian/Alaska Native  Asian/Pacific Islander  Black/African American  
 Other \_\_\_\_\_  Two or more races (please list): \_\_\_\_\_

Ethnicity:  Hispanic  Non-Hispanic

Driver's license or state issued ID #: \_\_\_\_\_  
Number State Expiration date

ID valid?  Yes  No (If no, explain): \_\_\_\_\_

Do you have a vehicle?  Yes  No (If no, what is your transportation method?): \_\_\_\_\_

Vehicle make	Model	Year	Color	Plate number



**Section 4: Education**

High school diploma, GED, or equivalent?  Yes  No

If you answered no, are you working toward receiving them?  Yes  No

Please explain: \_\_\_\_\_

Any college, vocational, or trade school? \_\_\_\_\_

Highest grade completed: \_\_\_\_\_

**Section 5: Employment**

Do you have a job?  Yes  No If no, explain: \_\_\_\_\_

If yes, where do you work? \_\_\_\_\_ Date started: \_\_\_\_\_

Occupation: \_\_\_\_\_

How long have you worked there? \_\_\_\_\_ Part or full time? \_\_\_\_\_ Hours per week: \_\_\_\_\_

Work address: \_\_\_\_\_

Address City State Zip

Work phone: \_\_\_\_\_ Wages: \_\_\_\_\_  per month  per hour

Name of supervisor: \_\_\_\_\_ Supervisor phone #: \_\_\_\_\_

**Section 6: Military Background**

Military service:  Current  Past  None Branch: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

Combat?  Yes  No Do you receive benefits from the VA?  Yes  No If yes, how much? \_\_\_\_\_

**Section 7: Family**

What is your relationship status?

Single  Married  Divorced  Separated  Have a significant other  Widowed

If you are in a relationship, do you feel safe with your partner?  Yes  No

If no, do you need resources for support?  Yes  No

How many children do you have? \_\_\_\_\_ How many are minors? \_\_\_\_\_

Do you pay child support?  Yes  No If yes, what is the monthly amount? \_\_\_\_\_

Are you current with your child support payments?  Yes  No If no, explain: \_\_\_\_\_

**Section 8: Health**

Are you pregnant?  Yes  No If yes, when is your due date? \_\_\_\_\_

Describe illnesses, accidents, or major injuries, handicaps, hospitalizations, or other medical conditions that may impact your supervision: \_\_\_\_\_

Describe your mental health including current or past diagnoses, hospitalizations and/or treatment:

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Do you need resources for support with mental health?  Yes  No

List all current prescribed medications:

Medication name	Reason for taking	Dosage

### Section 9: Substance Use

Please answer the following regarding all past and current substance use:

Tobacco: <input type="checkbox"/> NA	Age first used: _____ <input type="checkbox"/> Cigar/Cigarette	Date last used: _____ <input type="checkbox"/> Vape	Frequency of use: _____ <input type="checkbox"/> Chew
Alcohol: <input type="checkbox"/> NA	Age first used: _____	Date last used: _____	Frequency of use: _____ Number of drinks per day: _____
Marijuana: <input type="checkbox"/> NA	Age first used: _____ <input type="checkbox"/> Smoked	Date last used: _____ <input type="checkbox"/> Ingest (eat/drink)	Frequency of use: _____
Cocaine: <input type="checkbox"/> NA	Age first used: _____ <input type="checkbox"/> Inhaled (snort/huff)	Date last used: _____ <input type="checkbox"/> Smoked	Frequency of use: _____ <input type="checkbox"/> Injected <input type="checkbox"/> Ingest (eat/drink)
Heroin: <input type="checkbox"/> NA	Age first used: _____ <input type="checkbox"/> Inhaled (snort/huff)	Date last used: _____ <input type="checkbox"/> Smoked	Frequency of use: _____ <input type="checkbox"/> Injected <input type="checkbox"/> Ingest (eat/drink)
Methamphetamine: <input type="checkbox"/> NA	Age first used: _____ <input type="checkbox"/> Inhaled (snort/huff)	Date last used: _____ <input type="checkbox"/> Smoked	Frequency of use: _____ <input type="checkbox"/> Injected <input type="checkbox"/> Ingest (eat/drink)
Hallucinogens: <input type="checkbox"/> NA	Age first used: _____ <input type="checkbox"/> Inhaled (snort/huff)	Date last used: _____ <input type="checkbox"/> Smoked	Frequency of use: _____ <input type="checkbox"/> Injected <input type="checkbox"/> Ingest (eat/drink)
Pills: _____ <input type="checkbox"/> NA	Age first used: _____ <input type="checkbox"/> Inhaled (snort/huff)	Date last used: _____ <input type="checkbox"/> Smoked	Frequency of use: _____ <input type="checkbox"/> Injected <input type="checkbox"/> Ingest (eat/drink)
Other: _____ <input type="checkbox"/> NA	Age first used: _____ <input type="checkbox"/> Inhaled (snort/huff)	Date last used: _____ <input type="checkbox"/> Smoked	Frequency of use: _____ <input type="checkbox"/> Injected <input type="checkbox"/> Ingest (eat/drink)

Do you ever mix or combine any substances?  Yes  No If yes, explain: \_\_\_\_\_

Are you interested in resources to help manage substance use related issues or triggers?  Yes  No

List past or present substance use treatment:

Program name	Dates (month/year to month/year)	What issues did you address?

**Section 10: Legal History**

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?  0-3 times  4-9 times  10+

1. Does the current case you are on probation for directly or indirectly involve the use and/or possession of drugs and/or alcohol?  Yes  No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
2. Have you ever been charged or arrested for a domestic violence related offense?  Yes  No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
3. Are you a party to any No Contact Order or Civil Protection Order?  Yes  No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
4. Are you a member or affiliate of a gang or extremist organization, or has law enforcement identified you as such?  Yes  No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
5. Have you ever been under investigation or convicted of a hate crime?  Yes  No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
6. 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, list the charge(s) and state: \_\_\_\_\_  
\_\_\_\_\_
7. Do you have any pending cases in Idaho or a different state?  Yes  No If yes, list the charge(s) and state: \_\_\_\_\_  
\_\_\_\_\_
8. Briefly tell us about what happened that led to your current probation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 11: Goals**

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

Yes  No If yes, list the top two:

1. \_\_\_\_\_
2. \_\_\_\_\_

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

Yes  No If yes, list the top two:

1. \_\_\_\_\_
2. \_\_\_\_\_

**All responses given are truthful and to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Probation Officer review: \_\_\_\_\_  
Initials