



# Ada County Misdemeanor Probation

<i>Authorized Personnel Only</i> Cost of Supervision & Court Fees/Fines
Paid Today:
Amount to be Current:

## Probation Monthly Check-In Form

This form **MUST BE COMPLETED** and signed each and every month before meeting with your Probation Officer.

My monthly Cost of Supervision is: \_\_\_\_\_ Was this paid today?  Yes  No If No, when will you be paying? \_\_\_\_\_

\_\_\_\_\_  
Date                                      Time of Arrival                                      Appointment Time                                      Probation Officer

\_\_\_\_\_  
Full Name (Last, First, Middle)                                      Date of Birth

\_\_\_\_\_  
Home Phone                                      Cell Phone                                      Work Phone                                      Message Phone

\_\_\_\_\_  
Address                                      City                                      State                                      Zip Code

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Employer/School                                      Occupation                                      Wage                                      Hours per Week                                      Supervisor

\_\_\_\_\_  
Emergency Contact Name                                      Phone                                      Relationship

Are you in a relationship?  Yes  No If Yes, Name & Phone number:  
\_\_\_\_\_

Have you consumed any alcohol or used any controlled substances not prescribed by a doctor since your last appointment?  Yes  No  
If yes, explain: \_\_\_\_\_

Currently taking medications?  Yes  No  
If yes, list medications: \_\_\_\_\_

Have you had any recent law enforcement contact?  Yes  No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**My signature attests to the truthfulness of the answers and statements above. I understand that my failure to answer truthfully and comply with the rules of supervised probation may result in a probation violation and/or the revocation of my probation.**

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date Signed