



Boundary County Probation

6566 Main Street

Bonnerr's Ferry, Idaho 83805

Office: (208) 267-7983

Adult Misdemeanor Probation Packet

Please fill out this packet completely and bring to your initial appointment. Please note your intake appointment with your Probation Officer will take 1.5 -2 hours.

FIRST NAME	MIDDLE NAME	LAST NAME	DATE

PHYSICAL DESCRIPTION	(SEX)	(HEIGHT)	(WEIGHT)	(HAIR COLOR)	(EYE COLOR)	(RACE)

DATE OF BIRTH:		SOCIAL SECURITY #:	
CELL PHONE:		HOME PHONE:	
MESSAGE PHONE:		EMAIL ADDRESS:	

SCARS, MARKS, TATTOOS: (DESCRIPTION AND LOCATION)	
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OTHER NAMES USED AND INFORMATION	
MAIDEN/BIRTH NAME:	
OTHER MARRIED NAME(S):	
ALIAS'S/NICKNAMES USED:	
MARITAL STATUS:	<input type="checkbox"/> Single (<i>never married</i>) <input type="checkbox"/> Legally Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Legally Divorced <input type="checkbox"/> Other <input type="checkbox"/> Widower

NAME OF SIGNIFICANT OTHER:			
TOTAL # OF CHILDREN CURRENTLY:		# OF CHILDREN CURRENTLY IN THE JUVENILE JUSTICE SYSTEM:	
EMERGENCY CONTACT INFORMATION			
RELATIONSHIP	NAME	PHONE	EMAIL

CURRENT MAILING ADDRESS:								
CURRENT PHYSICAL ADDRESS:								
DESCRIBE RESIDENCE: (# OF LEVELS, COLOR, FENCES, OTHER IDENTIFYING ITEMS OR LANDMARKS).								
DIRECTIONS TO PHYSICAL ADDRESS: (GIVE WRITTEN DIRECTIONS IN THE NEXT BOX, AND THEN DRAW A MAP ON THE LAST PAGE OF THIS PACKET).								
TYPE OF RESIDENCE:	HOUSE	APARTMENT	DUPLEX	TRAILER	BOAT	CAR	CAMPER	OTHER:
HOW LONG HAVE YOU LIVED AT YOUR CURRENT RESIDENCE?				_____ MONTHS _____ YEARS				
LIST ANY WEAPONS IN RESIDENCE: (HANDGUNS, RIFLES, BOWS, KNIVES, SWORDS, ETC....)								
LIST DOGS AT RESIDENCE: (LIST BREED, NAME, AND AGGRESSIONS)								

OTHER PERSONS BESIDES PROBATIONER LIVING IN RESIDENCE			
(IF YOU ADD ANY ADDITIONAL RESIDENTS, YOU NEED TO CONTACT PROBATION WITHIN 24 HOURS)			
NAME	AGE	RELATIONSHIP (SIGNIFICANT OTHER, CHILDREN, ROOMMATE, ETC)	DOES SUBJECT HAVE ANY MISDEMEANOR OR FELONY CONVICTIONS? ARE THEY CURRENTLY ON PROBATION?

LIST ANY CHILDREN THAT ARE <u>NOT</u> CURRENTLY LIVNG WITH YOU FULL TIME			
NAME	RELATIONSHIP/AGE	CITY OF RESIDENCE	LIVING WITH

DO YOU PAY CHILD SUPPORT?	N / Y	IF SO, TO WHO AND AMOUNT?
DO YOU RECEIVE CHILD SUPPORT?	N / Y	IF SO, FROM WHO AND AMOUNT?
DO YOU CURRENTLY HAVE ANY OPEN CHILD PROTECTIVE SERVICE (CPS) CASES?	N / Y	IF SO, IS IT VOLUNTARY OR INVOLUNTARY WHAT CHILD(REN) ARE INVOLVED?
HAVE YOU HAD PREVIOUS CHILD PROTECTIVE SERVICE (CPS) CASES?	N / Y	IF SO, WAS IT VOLUNTARY OR INVOLUNTARY WHAT CHILD(REN) ARE INVOLVED?

NO CONTACT ORDERS/CIVIL PROTECTION ORDERS

ARE THERE ANY ACTIVE NO CONTACT/PROTECTION ORDERS AGAINST YOU?	N / Y
NAME OF VICTIM/PROTECTED PERSON?	
HAVE YOU HAD ANY CONTACT WITH YOUR VICTIM?	N / Y
NATURE/DATE OF LAST CONTACT?	

STATE OF DRIVER'S LICENSE:		DRIVER'S LICENSE #:	
STATUS OF DRIVER'S LICENSE: (VALID, EXPIRED, SUSPENDED, RESTRICTED...)		IF SUSPENDED, WHAT IS THE REASON WHY, AND WHEN DO YOU EXPECT TO HAVE YOUR DRIVING PRIVILEGES RETURNED?	

VEHICLES AT RESIDENCE

DRIVER	YEAR	MAKE	MODEL	COLOR	REG OWNER	COUNTY REG.

DO YOU HAVE AN ATTORNEY?	<div style="text-align: center;">N / Y</div> <div>IF YES, IS THIS A <input type="checkbox"/> PUBLIC DEFENDER <input type="checkbox"/> PRIVATE ATTORNEY</div> <div>NAME:</div>
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Is there any other person living in the same residence that currently has prescription medication?	N / Y
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Is there anyone living in the residence who drinks alcohol?	N / Y
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MEDICAL

(***)ALL MEDICATION 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

Have you ever been treated for Mental Illness?	N / Y (If Yes, explain →)
Other Medical Health information important for Probation to know about; IE: Universal precautions, mental health diagnosis, etc.....)	

Have you had any recent significant Loss?	N / Y	If Yes, When & Who?
Have you ever had thoughts of Suicide?	N / Y	If Yes, When?
Have you ever attempted Suicide?	N / Y	If yes, When?
Have any Family member(s) ever committed Suicide?	N / Y	If yes, When & Who?

OTHER STATES LIVED IN:	
COUNTY AND STATE OF BIRTH:	
NAME & LOCATION OF HIGH SCHOOL:	
HIGHEST GRADE COMPLETED IN SCHOOL:	
HIGH SCHOOL GRADUATE OR GED?	
CURRENT READING LEVEL:	
EVER EXPELLED OR SUSPENDED FROM SCHOOL?	N / Y
NAME OF COLLEGE OR TRADE SCHOOL:	
DO YOU BELONG TO SOCIAL GROUPS? EX: ROTARY CLUB, LIONS CLUB, ETC.	N / Y (If yes, list →)
DO YOU PARTICIPATE IN ANY ORGANIZED SPORTS/ACTIVITIES? EX: GOLF, BASEBALL, BASKETBALL, MUSIC, THEATER, HUNTING, ETC.	N / Y (If yes, list →)

EMPLOYMENT	
If CURRENTLY <u>UNEMPLOYED</u> :	Last Employment: <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Laid Off <input type="checkbox"/> Seasonal Last Employment: Month: _____ Year: _____ What is the longest time you held a job? Months: _____ Years: _____
If Employed: EMPLOYER NAME, ADDRESS, PHONE, & CURRENT POSITION	
SUPERVISORS NAME & PHONE	
WORK SCHEDULE: DAYS/TIMES	

HAVE YOU EVER BEEN FIRED FROM EMPLOYMENT?	N / Y (If yes, reason why?)	
MILITARY VETERAN:	N / Y	
IF SO, BRANCH OF SERVICE & TYPE OF DISCHARGE:		
WERE YOU EVER ARRESTED UNDER THE AGE OF 16 YEARS OLD?	N / Y	
IF SO, WHAT WERE YOU ARRESTED FOR?		
DID YOU EVER RECEIVE AN ESCAPE CHARGE FROM A CORRECTIONAL FACILITY? (THIS INCLUDES WALKING AWAY FROM WORK RELEASE AND NOT RETURNING TO JAIL.)	N / Y	
HAVE YOU EVER RECEIVED SANCTIONS FOR MISCONDUCT WHILE SERVING JAIL OR PRISON TIME?	N / Y	
HAVE YOU EVER BEEN ON PROBATION PRIOR TO THIS CHARGE?	N / Y	If Yes, When, What State, Convicted Charge?
HAVE YOU EVER BEEN ON UNSUPERVISED PROBATION?	N / Y	If Yes, When, What State, Convicted Charge?
HAVE YOU EVER RECEIVED A PROBATION VIOLATION?	N / Y	If Yes, When, What State, What was the Violation for?
HAVE YOU EVER BEEN CHARGED WITH A SEXUAL OFFENSE?	N / Y	If Yes, When, What State, Convicted Charge?
HAVE YOU EVER BEEN REQUIRED TO REGISTER AS A SEX OFFENDER?	N / Y	If Yes, When, What State, Convicted Charge?
HAVE YOU EVER BEEN CHARGED WITH AN ASSAULT OR BATTERY?	N / Y	If Yes, When, What State, Convicted Charge?

SUBSTANCE USE HISTORY			
SUBSTANCE	USE	HOW OFTEN	LAST USE
TOBACCO	N / Y		
ALCOHOL	N / Y		
MARIJUANA	N / Y		
HASH/WAX/DABS/OIL	N / Y		
METHAMPETHAMINE	N / Y		
FENTANYL	N / Y		
HEROIN	N / Y		
SHROOMS	N / Y		
COCAINE	N / Y		
SPICE	N / Y		
BATH SALTS	N / Y		
HUFFING	N / Y		
ECSTASY	N / Y		
KRATOM	N / Y		
IV DRUG USE	N / Y		
PRESCRIPTION DRUGS	N / Y		
OTHER (SPECIFY)	N / Y		

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OTHER INFORMATION YOU WANT PROBATION TO BE AWARE OF OR ANY QUESTIIONS THAT YOU HAVE:	N / Y	
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DRAW A MAP TO YOUR RESIDENCE

Initial Below

	I verify that I am the one that completed this document. 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	
PRINT NAME	SIGN NAME	DATE

PROBATION DEPARTMENT ONLY ~ DO NOT WRITE BELOW THE LINE

INTAKE COMPLETED: _____

Check List:

- ☐ PHOTO
- ☐ UA
- ☐ LSI
- ☐ ROI

PROBATION OFFICER

DATE