



## BANNOCK COUNTY MISDEMEANOR PROBATION

### Initial Check-In Form

#### Instructions:

1. This form must be answered by the probationer in **BLUE** or **BLACK** ink ONLY.
2. Answer all questions completely and to the best of your ability.
3. Please be honest and accurate.
4. Return this form to your Probation Officer during your first appointment.
5. Everything on this form is considered CONFIDENTIAL information and will NOT be divulged to anyone without your consent.

Our goal is to help you succeed while on probation, to better your life, and not return through the criminal justice system. Please let us know if you have questions regarding this process.

#### Section 1: Personal Information

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

Gender: ☐ Male ☐ Female Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Race: ☐ White ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ Black ☐ Other \_\_\_\_\_

Primary Language: \_\_\_\_\_ Do you need an English translator? ☐ Yes ☐ No

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

Are you a legal U.S. Citizen? ☐ Yes ☐ No (please explain) \_\_\_\_\_

DL or State issued I.D. #: \_\_\_\_\_ State Expiration Date Social Security #: \_\_\_\_\_

ID Valid? ☐ Yes ☐ No (why) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other names used: \_\_\_\_\_  
Please list nicknames, and all other names (last, first, middle), and any other DOB's or SSN's used

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

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

Do you have a vehicle? ☐ Yes ☐ No (what is your main transportation method) \_\_\_\_\_

Vehicle Make	Model	Year	Color	Plate Number
1.				
2.				



Who stays here with you?

Name (last, first)	Relationship	Phone Number & Type	How long have you known them?

### Section 3: Employment

Do you have a job? ☐ yes ☐ no (why) \_\_\_\_\_

If yes, where do you work: \_\_\_\_\_ Date Started: \_\_\_\_\_

How long have you worked here? \_\_\_\_\_ Part time or Full time: \_\_\_\_\_ Hours work per week: \_\_\_\_\_

Work address: \_\_\_\_\_  
Address City State Zip

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

Name of Supervisor: \_\_\_\_\_ Supervisor phone: \_\_\_\_\_

Work Schedule (Days/Hours): \_\_\_\_\_

### Section 4: Military Background

Have you served in the US Military? ☐ Yes ☐ No, If yes: Fill out appropriate information below

Year enlisted: \_\_\_\_\_ Year discharged: \_\_\_\_\_ Combat? ☐ Yes ☐ No

Branch Served in: \_\_\_\_\_ (eg: US AIR FORCE, etc)

### Section 5: Family

What is your marital status?

☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Have a significant other ☐ Widowed

How often do you have contact with family members?

☐ Daily ☐ 2-3x a week ☐ Weekly ☐ 2-3x a month ☐ Monthly ☐ 2-3x a year ☐ 1x a year ☐ Never

Are you pregnant? ☐ Yes ☐ No ☐ N/A If yes, how many months: \_\_\_\_\_

How many children do you have? \_\_\_\_\_ How many live with you? \_\_\_\_\_

How many are minors? \_\_\_\_\_ How many live with you? \_\_\_\_\_

### Section 6: Demographics

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)?

☐ 10 or more ☐ 4-9 times ☐ 0-3 times

Do you have a high school diploma, equivalent or GED?

☐ yes ☐ no

Please explain highest grade completed or highest degree obtained: \_\_\_\_\_

\_\_\_\_\_

What is your current age range?

☐ 18-30 years old ☐ 31-44 years old ☐ 45 or older

Do you own or possess any firearms or ammunition?

☐ yes ☐ no

Have you ever been charged or arrested for a domestic violence related offense?

☐ yes ☐ no

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been the victim of domestic violence?

☐ yes ☐ no, if yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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, please list the charge & state: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any pending cases in Idaho or a different state?

☐ yes ☐ no

If yes, please list the charge and state: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

☐ yes ☐ no

If yes, please list the top 2:

1.) \_\_\_\_\_

2.) \_\_\_\_\_

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

☐ yes ☐ no

If yes, please list the top 2:

1.) \_\_\_\_\_

2.) \_\_\_\_\_

Please briefly tell us about what happened that led to your current probation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Section 7: Drug, Tobacco & Alcohol Use

### Substance & Alcohol Use:

	Primary Choice	Secondary Choice	Third Choice
Type of Drug or Alcohol			
Age first used			
How often do you use			
How do you administer (inject, inhale, oral, smoke)			
Date last used			
Days used in last 30 days			
Who do you use with?			

1. Are you in alcohol or drug treatment, if yes specify: \_\_\_\_\_
2. Are you abusing prescription drugs, if yes specify: \_\_\_\_\_

**The responses given above are truthful to the best of my knowledge.**

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

Probation Officers review: \_\_\_\_\_

Probation Officers initials



# Bannock County Adult Misdemeanor Probation

## **Release of Information**

I, \_\_\_\_\_, authorize any provider, counselor, law enforcement, or person requested by Bannock County Probation Office to release the following information from the record(s) in their custody including but not limited to:

- Contracts – made by telephone, mail or in person
- Treatment plans
- Assessments/evaluations including recommendation for treatment or programming
- Summary discharges and/or completion records
- Progress reports and/or notes including attendance records
- Compliance or non-compliance with program/plan records
- Drug or alcohol testing records including but not limited to attendance and results
- Medical records
- Incident reports
- Criminal background information or reports
- Or any relevant information requested by a Bannock County Probation Officer

This consent is valid until the completion of probation supervision and the release of the named individual from the authority of Bannock County Probation.

This information is being released for the purpose of case planning and monitoring compliance with the terms and conditions of probation supervision. The information may only be released to:

**Bannock County Adult Probation**  
**130 N. 6<sup>th</sup> Avenue Pocatello, Idaho 83201**  
**Phone: 208-236-7002 / Fax: 208-236-0682**

I release Bannock County, Bannock County Probation, and **any** party providing the information from any and all liability regarding the release of information I have agreed to in this document. I have reviewed this document and am aware that I have the right to revoke this consent through a written request at any time.

### **THIS CONSENT REQUIRES THAT A PROBATION OFFICER WITNESS THE SIGNATURE**

\_\_\_\_\_  
Probationer's Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Probationer's Signature

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Probation Officers Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Probation Officer's Signature



# BANNOCK COUNTY AGREEMENT OF SUPERVISION



Name: \_\_\_\_\_

Case: \_\_\_\_\_

Judge: \_\_\_\_\_

I, \_\_\_\_\_, agree to be directed and supervised by Agents of the BANNOCK COUNTY MISDEMEANOR PROBATION office and to be accountable for my actions and conduct to the BANNOCK COUNTY COURT. I further agree to abide by all conditions of probation as ordered by the court and set forth in this Agreement, consistent with the laws of the state of IDAHO. I fully understand that violation of this agreement and/or any conditions thereof, or any new convictions for a crime, may result in action by the Court causing my probation to be revoked or my probation period to be extended.

1. **VISITS:** I understand that visits to my place of residence and/or employment will be conducted by officers of the Bannock County probation department, police, or other state and local officials for the purpose of ensuring compliance with the conditions of the AGREEMENT OF SUPERVISION. \_\_\_\_\_
  - a. I will not keep any vicious or dangerous dog or other animal on or in my property that an agent of Bannock County Adult Probation perceives as an impediment to accessing the property. \_\_\_\_\_
2. **REPORTING:**
  - a. **Reporting:** I will report as directed by my supervising officer. \_\_\_\_\_
  - b. **Residence:** I will not change residence without first notifying my supervising officer and the courts. I will maintain a valid, working telephone number and will report any change immediately to my supervising officer. \_\_\_\_\_
  - c. **Travel:** I will not leave Bannock County without prior approval from my supervising officer. I will provide timely notice (3 days prior to travel) by providing my supervising officer with a completed travel request form. I understand that travel requests may be denied based upon circumstances. \_\_\_\_\_
3. **CONDUCT:** I will respect and obey all laws and comply with any lawful requests of my supervising officer or any law enforcement or peace officer. I will immediately report any law enforcement contact to my supervising officer. \_\_\_\_\_
4. **WEAPONS:** I will report possession or access to weapons, explosives or other similar items to my supervising officer. I understand and agree that any firearms, ammunition, weapons, contraband, etc. may be seized by any probation department officer. This rule is for officer and public safety and, in most cases, is not intended to prohibit lawful use of said items. Cases related to domestic violence are regulated by Federal laws which expressly prohibit the possession of firearms or ammunitions for anyone convicted under the domestic violence codes, including misdemeanors. \_\_\_\_\_  
(As directed by probation officer) All weapons in my place of person and/or residence must be locked by means of container and/or trigger lock. \_\_\_\_\_  
I own weapons. YES / NO \_\_\_\_\_ They are stored in my home. YES / NO \_\_\_\_\_  
As directed by my supervising officer I may not own, purchase, or carry any weapons. \_\_\_\_\_
5. **CHEMICAL ANALYSIS:** I will not use or possess any controlled substances unless lawfully prescribed to me by a licensed physician. I will not purchase, use, or have in my possession any mind-altering substances, synthetic or otherwise illicit. I will not possess or purchase any devices, apparatus, or paraphernalia that is or could be used to consume or ingest the mentioned prohibited substances nor will I possess or purchase any device or apparatus that is or could be used as an attempt to alter drug and alcohol test results. I agree to submit to urine analysis and breathalyzer testing, at my own expense, as requested by my supervising officer or any staff member of the Bannock county Probation Department. \_\_\_\_\_  
I understand that I am required to submit to blood, breath or urine testing, that I must provide a sample in a timely manner as directed by Averahealth or it will be considered a refusal. I understand that any attempt to dilute my urine sample can and will be considered a positive test result. I further understand that the cost of any test(s) performed will be at my sole expense and that the said expense shall be paid immediately. \_\_\_\_\_
6. **SEARCHES:** As term of my probation I will waive my 4<sup>th</sup> amendment. I agree and consent as a term and condition of probation to a search of my person, automobile, residence, and any property under my control, any place, anytime, by any probation officer or any law enforcement officer acting at the direction of a probation officer. Any

right to the contrary under the United States and Idaho Constitutions is hereby waived by me as a term of my probation. \_\_\_\_\_

7. **SEIZURES:** I understand that any officer of the Bannock County probation department can and may seize ANY ILLEGAL property, contraband, or item(s) that are deemed inappropriate for my control or possession. The supervising officer may release the item(s) back to me – if the item(s) are not illegal in nature and not used as evidence in any probation violation or new criminal case or proceeding after the successful conclusion of probation. \_\_\_\_\_
8. **ASSOCIATION:** I will not knowingly associate with any person who is involved in criminal activity or who has been convicted of a misdemeanor OR felony without the approval of the supervising probation officer. \_\_\_\_\_
9. **EMPLOYMENT/EDUCATION:** I will obtain and maintain appropriate full-time employment and or participate in an education or vocational program as directed by my supervising officer. \_\_\_\_\_
10. **TRUTHFULNESS:** I will conduct myself in a truthful, cooperative, courteous and civil manner at all times with probation, law enforcement, court staff, Averahealth staff & treatment providers. \_\_\_\_\_
11. **SUPERVISION FEES:** I will reimburse the county for the cost of my supervision at the rate of \$35.00 a month. I understand that should I fail to pay the fines and costs ordered by the court in accordance with financial contracts (enacted with Judicial Enforcement office – room 103), that said fines and fees will be sent to a collection agency. That said agency will assess an additional 33% of the money owed as a collection fee. \_\_\_\_\_
12. **RESTITUTION:** I shall pay restitution and other fees as ordered by the court in the sum of \$ TBD , according to my court financial agreement(s). \_\_\_\_\_
13. **JAIL ORDERED:** I shall report to the appropriate county detention facility on the dates and times specified on the Court Order of Commitment. I also understand that if discretionary jail time is ordered by the court, that my supervising officer may impose those days as an alternative to a probation violation. \_\_\_\_\_
14. **SPECIAL CONDITIONS:** \_\_\_\_\_

- ☒ Reinstatement license when eligible (if currently suspended). If I don't have an Idaho drivers license, I will obtain one as soon as I'm eligible.
- ☐ Complete an alcohol/drug evaluation immediately or ☐ within \_\_\_\_\_ days . Ensure that a copy of that evaluation is provided to my supervising officer immediately after completion. Complete ANY/ALL recommendations made by the evaluator.
- ☐ Complete an alcohol/drug program on by \_\_\_\_\_. Complete ANY/ALL recommendations made by their facility. Provide proof of completion (and quarterly progress reports) to your supervising officer.
- ☐ Complete \_\_\_\_\_ hours of community service at a pre-approved and pre-arranged facility. Pay the community service fee prior to beginning ANY work performed (\$\_\_\_\_\_). Complete ALL hours of community service on or BEFORE \_\_\_\_\_. Turn in timecard as directed by your supervising officer.
- ☐ Other: \_\_\_\_\_

I have read, understand, and agree to be bound by this agreement. If I violated any of the conditions of this agreement or my sentencing order, the Court may revoke my Probation and take appropriate action against me, and I hereby acknowledge a copy of this agreement.

Date \_\_\_\_\_

Defendant

I hereby acknowledge that I have discussed, in detail, the foregoing Bannock County Agreement of Supervision – terms and conditions of Probation with the above listed client.

\_\_\_\_\_  
Probation Officer/Court Officer/Judge  
Witnessing Signature



## BANNOCK COUNTY DRUG TESTING INSTRUCTIONS

You have been ordered by the Court to undergo drug and/or alcohol testing as a condition of your probation. The following instructions will inform you of the testing policies and procedures. Failure to comply and any positive test result, or refusal to provide a specimen, is a violation of your probation and will be reported to the Court, which may result in sanctions being imposed and revocation of your probation.

1. The majority of drug testing will be conducted through **Averhealth** at the office located at 746 E. Lander in Pocatello, Idaho, or alternatively, at a site designated and approved by your Probation Officer.
2. You are required to notify the probation department and Averhealth of any **prescription** and **non-prescription medication being used**; to provide verification of any prescribed medication; and to provide the name of your physician.
3. You will be tested randomly through Averhealth, and in addition may be required to test at the discretion of your Probation Officer. Any increase or decrease in the frequency of drug testing will depend on the results of your drug tests and your overall compliance with the conditions of probation. The cost of the drug test through Averhealth will be \$15.00 (unless otherwise instructed by your Probation Officer). **All costs associated with testing will be due in full on the day of testing.** Averhealth will accept cash, debit or credit card (.50 cent fee will apply to all debit/credit card payments). If you are requested to test at the discretion of your Probation Officer any additional testing costs will be at your expense and determined at the time of your testing by your Probation Officer.
4. **YOU WILL BE ASSIGNED A PIN #:** \_\_\_\_\_.

For the duration of your required testing you are instructed to call the drug testing message line at 208-286-4404 or 208-240-9033, you may also log into [my.averhealth.com](http://my.averhealth.com). You must call this message line or login every day, 365 days per year including weekends and holidays.

You are required to listen to the entire message until you hear a confirmation number. The daily call in message line hours are 5:00 am – 8:00 am. On the days you are instructed to test you may show up any time between the hours of 7:00 am – 11:00 am (weekdays) or 7:00 am - 10:00 am (weekends & holidays).

- **Report for your first test between 7:00 am – 10:00am to complete intake process with Averhealth.**
- On weekdays, the testing staff will allow you one last opportunity to provide a sample up to 11:30 am, but not if you came in after the 11:00 am cut off time.
- On weekends and holidays, the testing staff will allow you one last opportunity to provide a sample up to 10:30 am, but not if you came in after the 10:00 am cut off time.

Failure to report or provide a specimen is equivalent to a REFUSAL and is a violation of your probation. You must call 7 days a week – including weekends and holidays.

6. If you are instructed to test outside of Averhealth testing your Probation Officer will provide you with further instruction and any costs that may be associated with this testing.



QR code to complete your registration with Averhealth:

I, the undersigned, have read the above instructions and reviewed them with my Probation Officer. I understand that failure to comply with these instructions is a violation of probation and may result in the revocation of my probation.

\_\_\_\_\_  
DEFENDANT SIGNATURE

\_\_\_\_\_  
Date

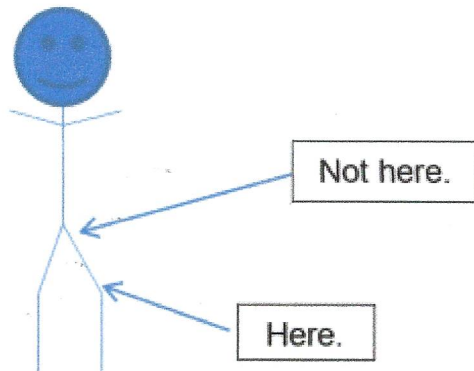
\_\_\_\_\_  
PROBATION OFFICER

\_\_\_\_\_  
Date



## APPROVED COLLECTION PROCEDURE

1. Please remove any coats and heavy garments.
  - a. No bags may be taken into the collection room.
  - b. Patients may be asked to empty their pockets into a bin at the discretion of the technician.  
(Patients are responsible for all of their belongings.)
2. Please wash your hands with soap and water.
3. Please shift your clothing:
  - a. Shirts and undershirts must be raised above the navel.
  - b. Long shirt sleeves must be rolled up to the elbow.
  - c. Pants and undergarments must be lowered to mid-thigh.
  - d. Clothes must be left in place until collection is completed.



4. Start voiding and then stop voiding.
5. The collector will then hand you the sample cup and you may provide a sample.
6. Hand the sample cup to the collector when you have provided 30ml of sample.
7. Initial sealed sample in front of technician.

Failure to comply with any of the above instructions or comply with any instructions from the Averhealth staff will be reported as a **REFUSAL**.

**smarter solutions. better outcomes.**

**IN THE DISTRICT COURT OF THE SIXTH JUDICIAL DISTRICT IN  
THE STATE OF IDAHO IN AND FOR THE COUNTY OF BANNOCK,  
MAGISTRATE'S DIVISION**

STATE OF IDAHO	)	
Plaintiff,	)	Case No:
vs.	)	
	)	
	)	WAIVER of 4 <sup>th</sup>
	)	Amendment Rights
Defendant.	)	

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I, \_\_\_\_\_, who resides at \_\_\_\_\_,

Am on probation with the BANNOCK COUNTY PROBATION OFFICE and am under the jurisdiction of the BANNOCK COUNTY MAGISTRATE COURT. As a consequence, I have waived my rights under the FOURTH AMENDMENT of the Constitution as applied to searches and seizures. I consent to warrant less searches of my person, my property (locked or otherwise secured), computers, Cellular Phones, cellular phone records, automobiles (entire vehicle and the contents contained therein), residence (under the control of myself), blood, breath, or urine at the request of police officer or probation officer.

Dated this \_\_\_\_\_.

\_\_\_\_\_  
Defendant Signature Waiving 4<sup>th</sup> Amendment Right

\_\_\_\_\_  
Defendant PRINTED NAME

\_\_\_\_\_  
Probation Officer / Witness to waiver