



BANNOCK 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
---------------------------------	---------------

Has your address or phone number changed? Yes No If yes, please provide new contact information:

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
------------------------	-------	--------------

What is your work scheduled (days/hours) _____

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: _____

Are you currently enrolled in any type of TREATMENT, classes, groups, AA/Al-anon, etc.:

If yes, please list all attended/Completed here: _____

See back for additional questions

Within the last month I have had success in working toward my case plan goals by:

1. _____
2. _____
3. _____

I plan to address any problems in reaching my goals by:

1. _____
2. _____

Goals I want to achieve within the next two to three months are:

1. _____
2. _____

Triggers (people, places and things) that could lead me to past behaviors include:

1. _____
2. _____

People I look up to or turn to for help include:

1. _____
2. _____

Questions for my Probation Officer:

1. _____
2. _____

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