



**Boise County Misdemeanor Probation
Monthly Check-In Form**

*Authorized Personnel Only
Cost of Supervision
Paid Today:
Amount to be Current:
Address Verified:
Employment Verified:*

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

Your Full Name (Last, First, Middle)

Has your address of phone number changed: Yes No

Home Phone Cell Phone Work Phone Message Phone

Address City State Zip Code

Are you in a relationship? Yes No If yes, Name and Phone Number: _____

Employer/School Occupation Wage Hours per week Supervisor

Emergency Contact Name Phone Relationship

Are you currently attending any programs as required by the Court or your PO? Yes No Have you completed them? Yes No If yes, name of provider/program: _____

Do you have any treatment absences this month? Yes No If yes, when and why? _____

Have you had any contact with the police (Arrested, cited or questioned)? Yes No If yes, explain: _____

Currently taking medications? Yes No If yes, list medications: _____

Have you used any illegal drugs, alcohol or mood altering substance since your last visit? Yes No If yes, explain: _____

Goals for the month: _____

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