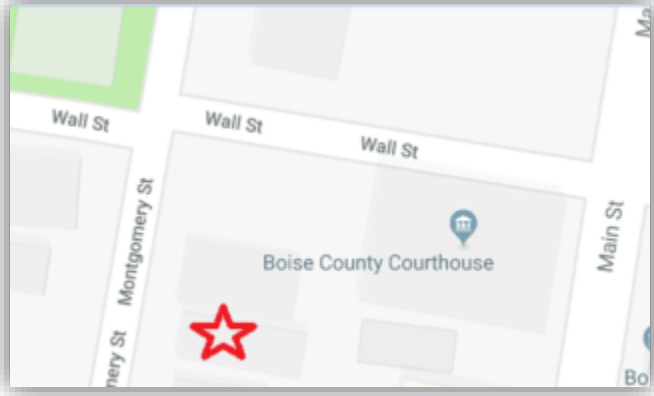




Boise County Community Justice ♦ Pretrial Program  
404 Montgomery, PO Box 486, Idaho City, ID 83631  
Office (208)392-6767 Fax (208)392-4940

### INITIAL CHECK-IN FORM

IF YOU HAVE BEEN PLACED ON PRETRIAL SUPERVISION, COMPLETE ALL OF THE INFORMATION ON THIS FORM. BRING YOUR COMPLETED FORM TO THE BOISE COUNTY COMMUNITY JUSTICE OFFICE IMMEDIATELY AFTER YOUR HEARING: **404 MONTGOMERY STREET** (BEHIND THE COURTHOUSE). IF THE OFFICE IS CLOSED, RETURN THIS FORM TO THE COURT CLERK AND CALL (208)392-6767 TO SCHEDULE AN APPOINTMENT.



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

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name & Phone Number: \_\_\_\_\_

Gender:  Male  Female Ethnicity: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Veteran Status:  Never in military  Active Duty  Veteran  Military Dependent Branch: \_\_\_\_\_

DL or State issued ID #: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
# State Exp. Date

Employer/School: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer/School Schedule: \_\_\_\_\_

Other Names/Nicknames/DOBs or SSNs Used: \_\_\_\_\_

Medications (prescribed and OTC): \_\_\_\_\_

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

Do you have a vehicle?  Yes  No—what is your transportation method: \_\_\_\_\_

License Suspended?  No  Yes—explain: \_\_\_\_\_