



### INITIAL CHECK-IN FORM

IF YOU HAVE BEEN PLACED ON SUPERVISED PROBATION, 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.

**You have 5 days to schedule an appointment with the probation department.**

#### Section 1: Personal Information

**Legal Name:** \_\_\_\_\_  
Last First Middle

**Preferred Name:** \_\_\_\_\_ **Gender:**  Male  Female  \_\_\_\_\_

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

**What pronouns do you prefer:**  She/Her/Hers  He/Him/His  They/Them/Their

**Phone Number(s):** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Hair Color:** \_\_\_\_\_

**Eye Color:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_

**Military Status:**  Never in military  Active Duty  Reserve  Veteran  Military Spouse  Retired

Discharged, type \_\_\_\_\_ **Branch:** \_\_\_\_\_

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

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

**Emergency Contact Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Emergency Contact Phone Number:** \_\_\_\_\_

**Scars/Marks/Tattoos:** \_\_\_\_\_

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

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

**Have you ever been on community supervision (e.g. probation, parole, pre-trial, diversion)?**  No  Yes

If yes, have you ever violated community supervision (probation violation, etc)?

No  Yes—explain: \_\_\_\_\_

**Section 2: Living Arrangement**

**Current Address:** \_\_\_\_\_  
Address Apt # City State Zip

**How long have you lived here? Do you plan to move soon?** \_\_\_\_\_

**Who lives here with you?**

Name (last, first)	Relationship	Phone Number	How long have you know them?

**Do you stay anywhere else?**  No  Yes

If yes, where: \_\_\_\_\_  
Address Apt # City State Zip

**Who stays here with you?**

Name (last, first)	Relationship	Phone Number	How long have you know them?

**What is your current living arraignment? Describe your neighborhood.**

\_\_\_\_\_  
\_\_\_\_\_

**Section 3: Employment/Education**

**Employed:**  Yes  No—explain: \_\_\_\_\_

**Length of time with current employer:** \_\_\_\_\_

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

**Have you ever been fired?**  No  Yes—explain: \_\_\_\_\_

**Appointment availability:** \_\_\_\_\_

**Highest level of education completed:** \_\_\_\_\_

**Do you have educational goals:** \_\_\_\_\_

**Have you ever been suspended or expelled from school?**  No  Yes

**Section 4: Medical****Medications (prescribed and OTC):**

Current Prescribed Medication	Reason this medication was prescribed to you (diagnosis)	How long have you been taking this medication?

**Section 5: Drug and Alcohol Use**

	Primary Choice	Secondary Choice	Third Choice
Type of Drug or Alcohol			
Date last used			
Age first used			

**Have you ever received treatment or attended classes for drugs or alcohol? (e.g. outpatient, inpatient, education) Explain:**

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If GPS is not accurate for your residence, draw a map in the designated area.

**(Draw map to residence)**