

# BLAINE COUNTY PROBATION INTAKE FORM

PERSONAL INFORMATION/INFORMACION PERSONAL					
Last Name/Appellido:		First Name, Middle Initial/Primer Nombre y Inicial del Segundo nombre:		Gender/Sexo:	
Primary Language/Lenguaje:		Do you need a translator?/¿Necesita un traductor en inglés? <input type="checkbox"/> Yes/Sí <input type="checkbox"/> No			
Height/Altura:		Weight/Peso:		Hair Color/Color de pelo:	Eye Color/Color de ojos:
Housing/Casa: <input type="checkbox"/> Home Owner/Es dueño de casa <input type="checkbox"/> Renting/Renta <input type="checkbox"/> Roomate/Compañero de vivienda <input type="checkbox"/> Homeless/Sin Hogar <input type="checkbox"/> Other/Otro					
Mailing Address/Dirección:		City/Ciudad:	State/Estado:		Zip Code/Códiga Postal
Physical Address/Dirección Física:			City/Ciudad:	State/Estado:	
Phone/Teléfono			Email/Correo electrónico		
Relationship Status/Estado Civil: <input type="checkbox"/> Single/Soltero <input type="checkbox"/> Married/Casado <input type="checkbox"/> Divorced/Divorciado <input type="checkbox"/> Widowed/Viudo					
Do you have children?/¿Tiene hijos? <input type="checkbox"/> Yes/Sí <input type="checkbox"/> No			How many children under 18 years old?/¿Cuántos niños menores de 18 años de edad?		
If yes, how many children/¿Cuántos hijos tiene?			How many children live with you?/¿Cuántos niños viven con usted?		
Ethnicity/Raza Étnica: <input type="checkbox"/> White/Blanco <input type="checkbox"/> Hispanic/Hispano <input type="checkbox"/> Asian/Asiático <input type="checkbox"/> Black/Negro <input type="checkbox"/> Native American/Nativo Americano <input type="checkbox"/> Unknown/Desconocido					
Driver's License/Licencia de Conducir #:		State/Estado:		Valid/Valida <input type="checkbox"/> Yes/Sí <input type="checkbox"/> No	
Vehicle Information/Información de Vehículo:	Make/Marca	Model/Modelo	Year/Año	Color/Color	
	1.	1.	1.	1.	
	2.	2.	2.	2.	
	3.	3.	3.	3.	
Do you have health insurance?/¿Tiene seguro medico? <input type="checkbox"/> Yes/Sí <input type="checkbox"/> No		Are you receiving Medicaid?/¿Está recibiendo Medicaid? <input type="checkbox"/> Yes/Sí <input type="checkbox"/> No		Medicaid #/¿Cual es su numero de Medicaid?	
Are you under the care of a physician?/¿Está usted bajo cuidado medico? <input type="checkbox"/> Yes/Sí <input type="checkbox"/> No			Physician's Name/¿Cual es el nombre del doctor?	Phone/Numero de teléfono:	
Are you currently taking medication?/¿Está tomando medicamentos? <input type="checkbox"/> Yes/Sí <input type="checkbox"/> No			List Medications/Liste los medicamentos:		
EMPLOYMENT AND EDUCATION INFORMATION/INFORMACION DE EMPLEO Y EDUCACION					
Attending School/Atendió a la escuela? <input type="checkbox"/> Yes/Sí <input type="checkbox"/> No		Last School Grade Completed/Último grado escolar completado:			
Where/Donde:					
Employed/Tiene empleo? <input type="checkbox"/> Yes/Sí <input type="checkbox"/> No		Employer/Empleado en:			
Employer's Address/Dirección del Empleador			Phone/Teléfono:		
Date Employment Began/Fecha de inicio del empleo			Full Time/Trabajo de tiempo completo <input type="checkbox"/> Part Time/Trabajo de medio tiempo <input type="checkbox"/>		
Last Name/Appellido:		First/Primer Nombre:		Middle/Inicial del Segundo Nombre	

# BLAINE COUNTY PROBATION INTAKE FORM

## COURT INVOLVEMENT/PARTICIPACIÓN EN LA CORTE

Any prior criminal charges?/¿A tenido cargos anteriores?  Yes/Sí  No

If yes, list Charges, the Dates, County, State, and Outcome.

Si es así, nombre todos Sus Cargo Anteriores, Fechas, Condado, Estado y Resultado

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

You may use the other side of the paper if necessary/Puede utilizar el otro lado del papel si es necesario.

Have you previously been on probation?/¿A estado usted previamente en libertad condicional?  Yes/Si  No

If yes, where?/¿Si es así, en dónde? \_\_\_\_\_

\_\_\_\_\_

## EMERGENCY CONTACTS/CONTACTOS DE EMERGENCIA

Name/Nombre: \_\_\_\_\_ Relationship/Relación: \_\_\_\_\_

Home Phone/Teléfono De Casa: \_\_\_\_\_ Cell/Celular: \_\_\_\_\_

Address/Dirección: \_\_\_\_\_

Name/Nombre: \_\_\_\_\_ Relationship/Relación: \_\_\_\_\_

Home Phone/Teléfono De Casa: \_\_\_\_\_ Cell/Celular: \_\_\_\_\_

Address/Dirección: \_\_\_\_\_

The responses given are truthful to the best of my knowledge./Las respuestas dadas son veraces a lo mejor de mi conocimiento.

\_\_\_\_\_  
Signature/Firma

\_\_\_\_\_  
Today's Date/Fecha De Hoy

For Administrative Use Only:

Community Service Hours Ordered \_\_\_\_\_ x \$.60 per hour Workers' Compensation Fee = \$ \_\_\_\_\_

Date Paid: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_

Collected by: \_\_\_\_\_

**BLAINE COUNTY PROBATION  
INTAKE FORM  
SUPERVISED PROBATION AGREEMENT**

***Initial***

\_\_\_\_\_ I understand that I am on supervised probation by the court, and that supervised probation is a freedom and alternative from incarceration while under the supervision of a court appointed probation officer.

\_\_\_\_\_ I understand that in order to avoid having any/all suspended penalties imposed, an arrest warrant issued, or other penalties imposed, the terms and conditions of this probation, as ordered by the court and required by the probation office, must be strictly followed.

\_\_\_\_\_ I understand that I must conduct myself in a cooperative, courteous, and civil manner at all times with probation and court staff.

\_\_\_\_\_ I understand that I must respect and obey all laws and comply with any lawful request of my probation officer or agent of the Blaine County Probation Department. I understand that if I am contacted by law enforcement, I must lawfully cooperate with them and immediately disclose my true and full identity and state that I am on supervised probation with the Blaine County Probation Office. I further understand that I must notify the probation department within 24 hours following any arrest, citation, accident, or warning by any law enforcement officer.

\_\_\_\_\_ I understand that I cannot leave the State of Idaho without first securing the consent of my probation officer and/or a representative of the Blaine County Probation Department.

\_\_\_\_\_ I understand that I am responsible for Supervision Fees every month. The payments shall be made to the Magistrate Clerk's Office.

\_\_\_\_\_ I understand that I must maintain regularly scheduled monthly appointments with my probation officer for the duration of my probation. I understand that failure to do so may result in a probation violation.

\_\_\_\_\_ I understand that I will seek and maintain employment and will make the probation officer aware of any changes in employment.

\_\_\_\_\_ I understand that I must immediately notify the probation department regarding any change in address or telephone number.

\_\_\_\_\_ I understand that I may not come into the probation office under the influence of alcohol or any illegal substance. If a probation officer believes that I am under the influence then the following may occur: I will be asked to leave the office and to schedule another appointment, I will be asked to submit to a breath or urinalysis test (based on the terms of my Judgment of Conviction), and local law enforcement may be contacted.

I have read the supervised probation agreement or it has been read to me. I understand and accept the conditions of supervision. I agree to abide by the terms and conditions outlined above and understand that failure to do so may result in a probation violation.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Probation Officer Signature

\_\_\_\_\_  
Date