



PERSONAL DATA

Name: \_\_\_\_\_ Intake Date: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Apt # \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Address (if different): \_\_\_\_\_

\_\_\_\_\_

Home Phone (if different): \_\_\_\_\_ Cell: \_\_\_\_\_

PLEASE LIST ALL THE PEOPLE WHO ARE PRESENTLY LIVING WITH YOU:

Name	Relationship
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_____	_____
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_____	_____
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_____	_____
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_____	_____
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_____	_____
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Do you own a firearm: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list what type(s): \_\_\_\_\_

EMPLOYMENT STATUS:

\_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Not employed \_\_\_\_\_ Disabled \_\_\_\_\_ Retired

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SCHOOL INFORMATION:

School Attending: \_\_\_\_\_

School Schedule: \_\_\_\_\_

FAMILY INFORMATION:

Father: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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

Mother: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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

ADDITIONAL INFORMATION:

Name two people (not previously listed) through whom you can be contacted:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Relationship: \_\_\_\_\_

SUBSTANCE INFORMATION:

Check which of the following you consider yourself to be currently:

_____ a non-drinker	_____ an occasional problem drinker
_____ a heavy drinker	_____ a social drinker
_____ a moderate drinker	_____ an alcoholic

In the future do you want to:

\_\_\_\_\_ quit drinking alcohol completely

\_\_\_\_\_ control or reduce your drinking

\_\_\_\_\_ make no changes in regard to your drinking

\_\_\_\_\_ Other, please explain \_\_\_\_\_

PLEASE LIST any prescription or nonprescription substances including alcohol you have used within the past 48 hours: \_\_\_\_\_

Do you feel your substance use has ever had a harmful effect on any of following areas of your life?

Social life/friendship	Yes	No
Relationship with family	Yes	No
Relationship with children	Yes	No
Overall home life	Yes	No
Where you live	Yes	No
Money/finances	Yes	No
Your job/employment	Yes	No
Your overall outlook on life	Yes	No

Do you believe you have a problem with alcohol and/or drug use? Yes No Unsure

Have you ever participated in treatment/counseling for your alcohol and/or drug use? Yes No

At what facilities did you seek treatment? (Please any additional facilities on reverse side)

Name: \_\_\_\_\_ Where located? \_\_\_\_\_

Year: \_\_\_\_\_ Type of Program: \_\_\_\_\_

Successfully completed Program? Yes No

Do you feel you are in need of treatment for substance use or any other type of addictive behavior? Yes No Unsure

Have you ever attended meetings of Alcoholics Anonymous or Narcotics Anonymous? Yes No

COMMENTS: Please write any comments you may wish to share about your current legal situation:

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PHYSICAL AND EMOTIONAL HEALTH:

Please rate your current physical health:    Excellent        Good        Fair        Poor

Are you currently taking any over-the-counter medicines at this time?    Yes    No

If yes, please list names of medications: \_\_\_\_\_

Have you ever had contact with a counseling service or mental health center?    Yes        No

If yes, where and when? \_\_\_\_\_

Have you experienced any of the following? (circle for each)

Severe anxiety / panic attacks	Yes	No	Unsure
Depression (lasting more than two weeks)	Yes	No	Unsure
Thoughts of suicide	Yes	No	Unsure
Attempts at suicide	Yes	No	Unsure
Temper problems	Yes	No	Unsure
Anger problems / Anger outbursts	Yes	No	Unsure
Sleep disturbance	Yes	No	Unsure
Long periods of fatigue	Yes	No	Unsure
Feelings of hopelessness	Yes	No	Unsure
Weight changes (unplanned)	Yes	No	Unsure
Tendency toward violence	Yes	No	Unsure
Thoughts of homicide	Yes	No	Unsure
Financial loss due to gambling	Yes	No	Unsure



## PROBATION POLICIES

1. I agree to meet with RMP staff at least one time every month or as requested to discuss my probation plan or to do a random drug / alcohol test. If I fail to appear at least one time each month in person or fail to appear to do a random UA/alcohol test, I understand this will be reported to the Court as a violation of my probation and I may receive consequences for failing to appear for my monthly visit or failing to comply with drug/alcohol testing. Including but not limited to a \$100.00 missed monthly fee in addition to the regular reporting fee and if I miss a random UA, not only will I be charged a \$40.00 missed UA fee, it will be counted as an automatic dirty (positive) test.
2. I understand that if I am on probation to multiple courts, RMP has to report to multiple Courts on my behalf; therefore, I will be charged an additional \$15.00 per month surcharge for each additional Court.
3. RMP will have several dates and locations ranging from Uintah County, Duchesne County, and Daggett County. It is my responsibility to report to one of these locations (unless on home arrest). If I delay my reporting for the last day of the month, I may be waiting for a long period of time on other probationers. The days of reporting will be available to be seen on Facebook, RMP Website, and calling the recorded phone number given to you today.
4. I will discuss my probation conditions with a probation officer. I understand that I am not assigned to one particular probation officer. I will meet with the agent that is working and available. Probation conditions are ordered by the Judge at my sentencing and are not negotiable. Conditions are specific to my case and order. I understand what I need to do to comply with my probation before I leave my intake. Each month I report, I will report my progress to the probation officer/agent I meet with and review what I have left to do and the time I have remaining. Probation is a time period, not a check list. There are conditions and requirements which I might complete before the end of my probation that does not mean that the probation is over and can be terminated.
5. I understand that if RMP has to file an OSC against me for failure to comply with any of my probation conditions, my account will be assessed a \$100.00 order to show cause fee.
6. I must keep my probation officer informed if I leave town and will be required to give 2 to 3 weeks advance notice with documentation as to where I am headed, how long and when I plan to return. You may also be required to locate a facility to be tested while out of town. The test will include an alcohol and a 5 panel. I am also responsible for making sure the results are forwarded to RMP in a timely manner to be no later than the end of the day I test. Failure to do any of these things may result in an OSC being filed with any corresponding court penalties and RMP fees being charged.

7. I understand that if an OSC is filed against me, it may be served to me in person or by mail. If served in person or by a constable, an additional fee may be charged. I agree to keep my address and telephone number current with RMP and the Court so that I may be contacted at any time. Failure to keep contact information current is a violation of my probation conditions. I also agree to receive any mail from RMP or the Court because it may contain important case information. Failure to pick up any mail is not an excuse that you did not get served. If we receive a returned certified letter and you miss your court date, a warrant will be issued for your arrest.

I have read and agree with the probation policies and fees as explained above. I agree to comply with my probation conditions as ordered by the Court.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_



The court has ordered compliance with the following probation conditions: (do not fill out anything until you are with the probation officer at intake) you will initial each condition that applies to you and sign the agreement. Not all of these conditions may apply to your case.

#### FINANCIAL CONDITIONS

\_\_\_\_\_ Fine: I agree to pay the Court ordered fine in the amount of \$\_\_\_\_\_.  
\_\_\_\_\_ Restitution: I agree to pay \$\_\_\_\_\_ in restitution.  
\_\_\_\_\_ Other:\_\_\_\_\_  
\_\_\_\_\_ Total amount due: \$\_\_\_\_\_ I Agree to pay \$\_\_\_\_\_ per month beginning \_\_\_\_\_.

#### PROBATION CONDITIONS

\_\_\_\_\_ **Monthly Probation Fee:** RMP provides a service required by the Court. I have discussed the monthly probation fee and other associated fees while on probation and agree to pay them.

\_\_\_\_\_ **Months of Probation:** I have been ordered to complete \_\_\_\_\_ months of supervised probation and will report at least monthly or as requested by my probation officer.

\_\_\_\_\_ **No further violations of the law:** Commit no further violations of the law other than minor traffic violations. (If I do, I must report it to RMP immediately).

\_\_\_\_\_ **Contact Information:** Keep RMP updated with my current address and phone number.

\_\_\_\_\_ **Body fluids Testing:** Submit to & pay for Random Drug Screens, Urinalysis and/or Breathalyzer tests as needed or deemed necessary by probation. I will be assigned a color and must call the drug testing hotline daily to see if my color is called. If my color comes up, I must report that same day to provide a Urine test, following the instructions given. Payment of the drug testing fee is required at the time I provide the UA. My failure to call the drug testing hotline every day and my failure to appear the day I am required to test and/or failure to pay for my test the same day WILL result in a probation violation and or additional \$40 missed UA fee.

\_\_\_\_\_ **My Color is:**\_\_\_\_\_.

\_\_\_\_\_ **Alcohol:** Do not use or possess alcoholic beverages or frequent places where alcohol is the chief item for sale.



**ROCKY MOUNTAIN  
PROBATION**

\_\_\_\_\_ **Controlled Substances:** Do not use or possess controlled substances or be in the presence of those who use, possess or distribute controlled substances. Do not use prescription drugs without a valid prescription.

\_\_\_\_\_ **Employment:** Obtain and maintain lawful, verifiable, full time employment or attend school or a vocational program.

\_\_\_\_\_ **Search Clause:** Submit to search of residence, person, electronics or vehicle to a probation officer or a police officer without a warrant if they have reasonable cause.

\_\_\_\_\_ **Driving/Insurance:** Drive with only a valid driver's license and insurance.

\_\_\_\_\_ **Other Conditions:** Any other conditions deemed necessary by RMP Probation.

**SPECIAL CONDITIONS**

\_\_\_\_\_ **Community Service:** Complete \_\_\_\_\_ hours of community service within \_\_\_\_\_ days or before \_\_\_\_\_.

\_\_\_\_\_ **Inpatient Treatment:** Complete inpatient treatment at \_\_\_\_\_ and complete aftercare as required.

\_\_\_\_\_ **Assessment/Evaluation/Counseling:** Obtain and pay for a mental health, drug & alcohol, domestic violence or \_\_\_\_\_ evaluation within \_\_\_\_\_ days and complete and pay for any recommended treatment.

\_\_\_\_\_ **Counseling with an ongoing provider:** Continue/Complete therapy with \_\_\_\_\_.

\_\_\_\_\_ **Ignition Interlock:** Install ignition interlock in all vehicles that I drive by \_\_\_\_\_ (Date).

\_\_\_\_\_ **No Contact Order:** Have no contact with \_\_\_\_\_ or stay away from \_\_\_\_\_ location.

\_\_\_\_\_ **Prescriptions:** Obtain all prescriptions from only one doctor.

\_\_\_\_\_ **Home Confinement / Electronic Monitoring:** Comply with the conditions of home confinement as set forth by the Court \_\_\_\_\_ and RMP, including paying all costs.

# Days \_\_\_\_\_. Start Date: \_\_\_\_\_.

Conditions: \_\_\_\_\_

\_\_\_\_\_ **Other:** \_\_\_\_\_.





I understand that by placing my initials by the conditions of my probation, that I fully understand and agree to comply with each condition. I have discussed any concerns or questions with my probation officer. I also understand that failure to comply with each of these conditions may result in a violation of my probation and an Order to Show Cause being filed against me. I have developed a plan with a probation officer to successfully complete the terms of my probation and will report monthly on my results. My probation plan may change depending upon my circumstances

Probationer's Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Printed Probationer's Name:\_\_\_\_\_

Witness:\_\_\_\_\_