

**Los Alamos Pretrial Service
Defendant Intake Packet**

Defendant Name:	
Case No.:	
Court:	
Presiding Judge:	

Los Alamos Pretrial Service Defendant Intake Packet

NAME: (Last, First M.I.)			
DOB:		SSN:	
ADDRESS:			
CITY:		STATE:	
ZIP:			
How long have you lived at the above address?			
Home phone:		Cell phone:	
Sex:	Race:	Marital Status:	
Height:	Weight:	Eye:	Hair:
Scars:			
Tattoos:			
Piercings:			
Name of Persons living with you		DOB	Relationship
Is anyone living in the residence on probation or parole?			Yes No
If so, list their names:			
Do you have special circumstances?			Yes No
Explain:			
Do you have medical insurance? If so list:			

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Mental / Medical Health		
Do you have any disabilities or special medical conditions?	Yes	No
Explain:		
Do you have any mental health problems?	Yes	No
Have you ever attempted suicide?	Yes	No
If so: how many times?		
Have you felt that way lately?	Yes	No
Are you currently taking prescription medication?	Yes	No
Doctor's Name and contact info:		
List medications:		
Have you ever been treated for drug and /or alcohol abuse?	Yes	No
When:	Where:	
Do you have regularly scheduled appointments besides work (treatment, counseling)?	Yes	No
Explain:		

EMPLOYMENT INFORMATION:

Are you employed?	Yes	No
Employer:		
Address:		
City:	State:	Zip:
Supervisor's Name:		
Telephone #:		
How long?	Pay rate:	
Pay period	How many hours weekly?	
Does your supervisor work on site with you?	Yes	No

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Does your job site vary?	Yes	No
Does your job take you out of the county?	Yes	No
Do you attend school?	Yes	No
**Attach a copy of your current school schedule		

CRIMINAL INFORMATION:

Case No.		
Attorney Name and Contact Info:		
Do you have any other charges pending, in any other court?	Yes	No
List charges and jurisdiction:		
Are you currently under probation and/or parole supervision?	Yes	No
For what charges?		
PPO contact info:		

Vehicle Information:

Drivers License No:	State:
What type of vehicle(s) do you drive? (Make, model, year, color)	

I agree that the above information is true and accurate. Any information that I provide that misleads the monitoring officer will result in me being disqualified from the program and will result in further court actions against me.

Defendant Signature

Date

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Release of Information

Case #:	
Judge:	
Name:	
DOB:	
SSN:	

I request and/or authorize the Los Alamos County Adult Probation Office to release and/or disclose any screening results, assessments, evaluations, interventions recommendations and any other pertinent case information protected by HIPPA or any other laws to:

District Attorney	Private Attorney or Public Defender
Municipal Court (s)	Magistrate Court(s)
District Court (s)	Any Treatment Provider(s)
Adult Probation and Parole	Any State Organization pertinent to my case

I further consent to release of and/or discloser of any and all screening results, assessments, evaluations, intervention recommendations, medical records and/or any other requested information protected by HIPPA or any other laws to:

Los Alamos County Adult Probation Office

Others Authorized by Me to Receive Information:

Name	Relationship

Information released will be used to coordinate and monitor court ordered treatment and supervision requirements between agencies.

This consent is subject to revocation at any time, except to the extent that the program which is to make the disclosure has already taken action in reliance on it.

If not previously revoked, this consent will terminate upon the completion of my supervision.

Signature

Date

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Standard Conditions of Pre-Trial Probation

Case No.:

Defendant:

You have been sentenced by the Court to supervised Pre-Trial Probation. Your probation supervision period begins on

IT IS THE ORDER OF THE COURT THAT YOU COMPLY WITH THE FOLLOWING STANDARD CONDITIONS OF PROBATION:

1. You will not violate any laws or ordinances of the State of New Mexico or any other jurisdiction.
2. You will report to the Probation Officer as often as required and will submit complete and truthful reports each month. Any and all interactions with the Probation Officer will be prompt, accurate and truthful.
3. You must get permission from the Probation Officer before a) leaving the county where you are being supervised/reside; b) changing residence; c) changing employment; and d) entering into any major financial contract or debt.
4. You will not associate with any person identified by the Probation officer as being detrimental to your probation supervision, which may include persons having a criminal record, other probationers or parolees, and victims or witnesses of your crime(s).
5. You will follow all orders and instructions of the Probation officer, including actively participating in and successfully completing any level of supervision and/or treatment program, as deemed appropriate by the Probation Officer.
6. You must permit the Probation Officer to visit you at your home or place of employment at any time and you will permit a warrantless search, by the Probation Officer or their duly authorized agent, of your person, automobile, residence, property and/or living quarters if he/she has reasonable cause to believe that such a search will produce evidence of a violation of the conditions of your supervision.
7. Unless exempted, you will make every effort to obtain and hold a legitimate job and fulfill all financial obligations required of you, including support of your family, if applicable. You must cooperate with the Probation Officer in any efforts to assist you in obtaining employment. If you lose your job for any reason, you shall report this fact to the Probation Officer within 48 hours of the change.
8. You will not buy, sell, own or have in your possession, at any time, firearms or other deadly weapons.
9. You will not buy, sell, consume, possess or distribute any controlled substance except those legally prescribed for your use by a stated certified medical doctor. You will also provide urine/breath specimens for analysis at the request of the Probation Officer.
10. You will report any law enforcement contact, including any arrest, charge or questioning, or traffic stop, to the Probation Officer within 48 hours of the incident.
11. You will not enter into any agreement to act, or act as an 'informer' or special agent for any law enforcement agency without the permission of the sentencing judge.
12. You will submit to photographing of your face, and identifying marks, (i.e. tattoos) if any.
13. You shall not use or consume any alcoholic beverages and will not at any time enter what is commonly known as a bar or lounge where alcoholic beverages are sold for consumption on the premises.

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You are hereby advised that under the law of the Court, it may at any time during the probation term issue a warrant for your arrest and your probation may be revoked if you violate any one of the conditions during the time of your probation. When acting in accordance with local and New Mexico law, the Probation Officer has the authority to have you arrested without a warrant.

Signature – Probationer

Probation Officer

Date

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1. Do you have prior arrests or convictions? Y N
2. How old were you when you were arrested the first time? _____
3. What was the arrest for? _____
4. As an adult, have you ever had a warrant issued for failure to appear in court? Y N
5. How many times has a warrant been issued for failure to appear in court? _____
6. What happened as a result? _____
7. Have you ever been sentenced to incarceration? Y N
8. If so, how many times? _____
9. Have you ever been to prison? Y N
10. If so, how many times? _____
11. Were you employed at the time of your arrest, for this case? Y N
12. If so, how many hours a week do you work? _____
13. Is your employment temporary, seasonal, or permanent? (circle one)
14. Are you in school? Y N
15. If so, are you enrolled full time or part time? (circle one)
16. If you are not employed or in school, are you disabled or retired? (circle one)
17. How long have you lived at your current residence? _____
18. Is this your primary residence? Y N
19. If you have moved in the last six months, why did you move? _____
20. Do you rent or own your home? Own Rent Live with family Live with friends
21. Is your name on the lease/mortgage? Y N
22. If you have moved in the last 6 months, what was the reason? _____
23. Do you have a history with drugs other than alcohol? Y N
Please explain, if so: _____
24. Have you ever been arrested for drug use? Y N
25. If yes, please explain? _____
26. When was the last time you used drugs? _____
27. What type of drugs have you used? _____

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28. How has your drug / alcohol use affected your life? _____
29. Have you had any problems at work because of your drug use? Y N
30. How does your family feel about your drug use? _____
31. If asked to rate the severity of your drug use problem on a scale from 1 to 5, with 1 being few or no problems, and 5 being many problems, what score would you give? **1** **2** **3** **4** **5**
32. Have you ever been under supervision before? Y N
33. Have you ever been arrested for violating supervision? Y N
34. Have you ever absconded from supervision? Y N
35. Do you have family or significant relationships in the area? Y N