

LOS ALAMOS COUNTY

Intake Packet

Los Alamos Municipal/Magistrate Courts

**2500 Trinity Drive, Suite C, Los Alamos, NM 87544
505-662-8027**

DEFENDANT: _____

[] Municipal Case #: _____

[] Magistrate Case #: _____

Please complete all areas legibly, in blue or black ink. Please answer all questions truthfully. This information will become a part of your probation file. The information is confidential. If you have any questions, please discuss them with the Probation Officer.

Intake Packet

Demographic Information									
Name:									
DOB:		Religion:		Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander					
SSN:		Other Languages:							
Birthplace:				Ethnicity:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic				
				US Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Hair Color:		Eye Color:		Gender:		Height:		Weight:	
Current Address:				Mailing Address:					
Phone Numbers:	Home:		Work:		Cell:				
Emergency Contact Info:	Name:			Phone number:					

Education History									
Do you have a High School Diploma or GED:				<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No – Last Grade Completed:			
High School Attended:									
City:				State:			Zip:		
Do you have any college education?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes – Major?			
Did you receive a Degree?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	Degree?			
Last College Attended:									
City:				State:			Zip:		

Intake Packet

Employment Information						
Are you employed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Hire:		Job Title:	
			Pay Rate:		Hours/wk:	
Name of Employer:						
Address:						
City:		State:		Zip:		
Phone Number:		Supervisor:				

Criminal History						
				As a Juvenile:	As an Adult:	
Is this your first arrest?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no: How many times have you been arrested:			
Have you been under probation supervision in the past?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when?
Where:				Officer's Name:		
Current Conviction:						
					Yes	NO
Do you understand what you were convicted of?						
Do you understand your sentence?						
Do you understand the conditions imposed by the Court?						
Have you ever been in a Juvenile Institution?						
Have you ever been in a Mental Institution?						

Printed Name – Probationer

Probation Officer

Signature – Probationer

Date

Intake Packet

Rules for Home/Employment Visits

I understand and acknowledge that I have been instructed by my Probation Officer the following behavior will be expected of me while Officers are visiting me at my residence/employment:

1. I will advise all members of the household or my supervisor that Probation Officers will occasionally visit the residence and/or place of employment. I will ask them to show courtesy and respect toward the Officers.
2. I will assure that Officers have safe access to my residence by having all animals restrained and if I reside in a secured apartment complex or have a locked gate, I will provide a key/key pass.
3. I will promptly answer the door and invite the Officer(s) in.
4. I will promptly advise the Officers of who is in the residence.
5. I will be courteous and cooperative with Officers.

By following these steps, I understand that I will be helping to assure that both my safety and the safety of the Officers will be maintained. In return, I understand the Officers will also be courteous to members of household and coworkers and me during these visits.

Printed Name – Probationer

Probation Officer

Signature – Probationer

Date

Intake Packet

Rules for Office Visits

The following rules apply to all probationers and anyone who is authorized to accompany them into Justice Center building. While in this building, you are expected to follow these rules and follow any directives given to you by any Court employee including your probation officer. Failure to follow these rules could constitute a violation of your probation supervision conditions and will be handled as such.

1. I understand this is a Judicial Facility and all persons, bags, backpacks and other belongings are subject to search at any time. I will not bring knives, other weapons or contraband into the Judicial Building at any time. Violators will be subject to prosecution.
2. I will NOT bring my cell phone into the Probation Office. I understand if I do, my cell phone, including call logs, contacts, emails, photos and text messages are subject to search.
3. When reporting, I will NOT bring anyone into the building with me, unless prior approval is obtained by the Probation Officer. If a visitor is approved, I will inform my visitor the Probation Officer will escort them with me to the office. I will inform them they are subject to search at any time.
4. I will NOT associate with other offenders when reporting.
5. I will sign in, by LEGIBLY PRINTING my name, the date, and time I reported EVERY time I come to the probation office.
6. I understand that I (and any approved guest with me) may have to clear the metal detector before being allowed to proceed to the probation office or other locations in the building. I (and my approved guest) will be expected to empty my pockets and remove any clothing (belt, shoes, ect.) until I (we) clear the metal detector.
7. I will be expected to maintain a positive and productive attitude with all staff.
8. I will NOT bring any food or drink into the building.
9. I will be expected to dress appropriately when reporting. All gang clothing, hats, and/or colors are strictly prohibited. No revealing clothing is allowed.
10. I will NOT loiter in or outside the building.

I acknowledge receipt, understand and will comply with these building rules.

Printed Name – Probationer

Probation Officer

Signature – Probationer

Date

Intake Packet

Release of Information

Docket #:	
Judge:	
Name:	
DOB:	
Social Security #	

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 disclosure 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.

Printed Name – Probationer

Probation Officer

Signature – Probationer

Date

Intake Packet

Needs Survey

	Yes	No
Are you currently attending counseling for any type of substance abuse?		
Have you ever had any problems gambling?		
Have you ever participated in any type of detox or drying out period?		
Have you ever participated in any type of inpatient treatment?		
Have you ever participated in any type of outpatient treatment?		
Have you ever been diagnosed or suffered from any type of eating disorder?		
Do you feel you would benefit from a 12 Steps program?		
Do you have any other counseling or addictions issues?		
If yes, Please explain:		
Do you need a referral to get your GED (General Educational Development) diploma?		
Do you need assistance in filling out an application or reading?		
Were you ever placed in Special Education while you were in school?		
Do you feel you would benefit from taking "English as a Second Language" classes?		
Would you like assistance in any type of education after high school level?		
Do you require job or vocational training to assist you in getting employment?		
Do you require assistance in how to complete a job application or a job interview?		
Do you need any assistance in improving you employability skills?		
Would you like to receive assistance in planning out an employment career?		
Do you need help in obtaining your birth certificate, driver's license or immigration forms?		
Have you ever been diagnosed with a long term disease or disability?		
If yes, Please explain:		
Do you require assistance in monitoring your physical health medications?		
Would you like to receive assistance in improving/building upon independent living skills?		
Do you feel that you would benefit from speaking to a psychologist about life issues?		
Are you suffering from any type of medical issue(s) that would require hospitalization?		
If yes, Please explain:		
Are there any other medical concerns that you have that would not require hospitalization?		
If yes, Please explain:		
Do you require assistance in monitoring your mental health medications?		
Have you suffered from any type of major physical or psychological trauma?		
Do you have a requirement to complete a certain amount of community service?		
Would you like to be involved in receiving or giving a mentoring service?		
Are you interested in any type of faith-based counseling or community involvement?		
Do you have a positive peer network that you may rely upon to help you stay out of trouble?		

Intake Packet

When you were arrested on your current charges, were other people involved in the crime?		
Will you require any type of monetary housing assistance?		
Has your housing environment been stable for the past 12 months?		
Do you feel you will need help with skills on how to clean your home on a regular basis?		
Would you like to receive information about available shelters in the area?		
Will you require any type of financial assistance in order to meet minimum basic needs?		
Will you require any transportation assistance in order to report to PO or obtain a job?		
Are you paying/should you be paying child support? Or are you trying to collect child support?		
Were you court ordered to pay restitution to the victim(s) of your crimes?		
Do you need assistance in managing your checkbook or learning how to pay your bills?		
Do you need legal assistance for any matter that you are facing?		
Do you need assistance in obtaining medical, life or family insurances?		
Are you now receiving any financial payments based upon Supplemental Security Income?		
Will you require any assistance in enrolling in Medicaid or Medicare?		
Do you need assistance with an outside agency focused on reconnecting with your children?		
Do you have a history of domestic violence?		
Do you need assistance in learning skills on how to maintain healthy eating habits?		
Do you need help in gaining parenting skills or attending parenting counseling?		
Will you require any type of assistance on daycare for child(ren)?		
Do you need assistance with family preservation based upon CYFD involvement?		
Do you need assistance in focusing on reunification of your family?		
Do you require assistance on mediation and conflict resolution in your life?		
Have you ever been diagnosed with any mental health concerns?		
If yes, Please explain:		
Do you have difficulty dealing with people in your life on a day-to-day basis?		
Do you need assistance in making positive connections in your community?		
Do you have issues with anger management or require counseling on that subject?		
Have you ever associated with any street or prison gang, tagging crew or convicted felons?		

Printed Name – Probationer

Probation Officer

Signature – Probationer

Date

Intake Packet

Orders of Probation

Case No.: **Defendant:**

You have been sentenced by the Court to 264 **days** supervised probation. Your probation supervision period begins on and will **expire**, unless extended by the Court. This date reflects zero (0) days presentence confinement.

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.

Intake Packet

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.

SPECIAL CONDITIONS

- A. You will comply with all court ordered conditions of probation.
- B. You shall pay \$25.00 per month probation fee.

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