



DATE _____ BELLEVUE PROBATION OFFICER: _____

NAME _____ DOB _____ PHONE #: _____

ADDRESS _____ CITY / STATE _____ ZIP _____

Is this a new address? Yes _____ or NO _____ EMAIL ADDRESS _____

Are you on Probation in **any other** office beside Bellevue? YES NO If more than one office, list on the reverse side.
Probation Office _____ Name of P.O. _____ Phone _____

Have you had any **POLICE CONTACT** (Speeding Tickets, or ANY contact) YES NO
If yes, explain: _____ Agency _____ Citation # _____

FINANCIAL OBLIGATIONS and where to pay (Probation monthly payment is mandatory):

Have you paid your? COURT FINE (pay Court): Amount this month \$ _____ Balance \$ _____
RESTITUTION/PUBLIC DEFENDER (pay City Hall): Paid this month \$ _____ Balance \$ _____
PROBATION FEE (pay Probation): Paid this month \$ _____ Balance \$ _____

SPECIFIC OBLIGATIONS:

Have you been ORDERED to complete **ALCOHOL/DRUG TREATMENT**? YES NO
Are you attending treatment as expected YES Agency _____ NO COMPLETED When? _____
Have you consumed any alcohol? YES NO
Have you used any marijuana? YES NO
Have you used any illicit drugs or non-prescribed drugs? YES NO
Are you driving? YES NO Driver's License: YES NO Insurance : YES NO
IGNITION INTERLOCK device Installed? YES NO NOT REQUIRED BY DOL/COURT
DUI VICTIM PANEL: ORDERED? YES NO COMPLETED When? _____
ALCOHOL/DRUG INFO SCHOOL (8 HRS CLASS): ORDERED? YES NO COMPLETED When? _____

MENTAL HEALTH COUNSELING: ORDERED? YES NO

Attending? YES Agency _____ NO COMPLETED When? _____
Are you on medications? YES NO If so, what medications: _____
Are you taking them as prescribed? If not explain: _____

DOMESTIC VIOLENCE TREATMENT: ORDERED? YES NO

Attending? YES Agency _____ NO COMPLETED When? _____
Is there a **NO CONTACT ORDER IN YOUR CASE**? YES NO
Have you contacted that person, business or entity? YES NO
Have you possessed a firearm? YES NO

PARENTING CLASS: ORDERED? YES NO Attending? YES Agency _____ NO COMPLETED

THEFT CLASS: ORDERED? YES NO COMPLETED When? _____

Are you doing any **COMMUNITY SERVICE WORK**? YES NO Hours this month _____ Total completed _____
Are you employed or going to school? YES NO Where: _____ Looking for work: YES NO
Days/hours working attending _____

SUMMARY OF CONCERNS (Continue on other side if needed): _____

DEFENDANT'S SIGNATURE _____

OFFICER'S SIGNATURE _____