Boulder County
Community Justice Services
Pre-trial Supervision Intake Form

Date: _____

Name: _____ **DOB**: _____

Landline Phone: _____**Mobile**: _____**Other**: _____

Email Address: _____

Person(s) you currently live with: _____ **Phone**: _____

In case of emergency, who should we contact?

Name:_____ **Phone**: _____

Legal:
Attorney Name: _____ **Phone:** _____

Professional Contacts:
Are you presently being supervised by, or working with:

Probation: **Y / N** _____
COUNTY **OFFICER** **PHONE**

Pre-trial Supervision:
Y / N _____
COUNTY **OFFICER** **PHONE**

Social Services: **Y / N** _____
COUNTY **OFFICER** **PHONE**

Other Professional Contact:
Y / N _____
COUNTY **OFFICER** **PHONE**

Education:
Highest Grade Completed: _____ GED:_____ **College Degree**: _____

Medical/Mental Health:
Do you have any serious medical issues? Y / N If "Y", what_____

_____

Do you have a mental health diagnosis? Y / N If "Y", what _____

Treatment provider: _____

Are you prescribed any medications? Y / N If "Y", what_____

_____

_____

Substance Abuse Treatment:
Are you currently receiving substance abuse treatment? Y / N
Past Treatment? Y / N Year:_____