

UTAH COUNTY SHERIFF'S OFFICE

Utah County Alternative Probation



Instructions:

1. This form must be answered by the probationer.
2. Answer all questions completely and to the best of your ability.
3. Please be honest and accurate, none of this information can or will be shared with the court.
4. Return this form to UCAP during your first appointment.

UCAP's mission is to improve public safety through reduced recidivism and improve the lives of each participant by helping them learn to make permanent and positive changes in criminalistic and addictive behaviors. UCAP will accomplish this mission by engaging each participant in appropriate treatment and education, by ensuring each participant has adequate housing and employment, and by supporting a drug free and mentally stable lifestyle.

Section 1: Personal Information

Name: _____
Last First Middle

Other name(s) used: _____

Date of Birth: _____ **Place of Birth:** _____
City State Country

Current Address: _____
Address Apt # City State Zip

Years living here: _____ **Type of housing:** House Apartment Shelter Other / Own Rent Lease Other
(circle one) (circle one)

Email Address: _____

Phone Numbers: **Primary No.** **Call Anytime** **Texting** **Emergency Only**

Cell Phone () _____ - _____

Home Phone () _____ - _____

DL or State ID #: _____ State Exp. Date **Social Security #:** _____

ID Valid? Yes No If no, please explain: _____

Do you own a vehicle or borrow someone else's vehicle? Yes No If yes, please provide vehicle information below.

If not, list all transportation methods: _____

Vehicle Make	Model	Year	Color	Plate Number (if known)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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Do you have a high school diploma, GED or equivalent? Yes No

If no, are you working on receiving it? Yes No If no, please explain:

Are you a legal U.S. Citizen? Yes No If no, please explain:

Primary Language: _____ Do you need an English translator? Yes No Ethnicity: Hispanic Non-Hispanic

Race: White American Indian / Alaskan Native Asian / Pacific Islander Black Other: _____

Who currently lives with you?

Name (last, first)	Relationship	Phone Number & Type	Years known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you stay anywhere else? Yes No If yes, where:

Address	Apt #	City	State	Zip
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How often do you stay there? _____

Who stays there with you?

Name (last, first)	Relationship	Phone Number & Type	Years known
_____	_____	_____	_____
_____	_____	_____	_____

Section 2: Employment

Do you have a job? Yes No If no, continue to Section 3

If yes, where do you work? _____ Date Started: _____

How long have you worked here? _____ Part Time or Full Time: _____ Hours worked per week: _____

Work Address: _____
Address Apt # City State Zip

Work phone: _____ Occupation: _____ Wages per month: _____

Name of Supervisor: _____ Supervisor Phone: _____

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Section 3: Military Background

Have you served in the U.S. Military: Yes No If no, continue to Section 4

Status: Active Discharged Year enlisted: _____ Year Discharged: _____ Combat? Yes No

Branch Served: _____ Rank Achieved: _____

Discharge Type: Honorable General Entry Separation Other than Honorable Bad Conduct Dishonorable Unknown
(circle one)

Do you receive benefits from the VA? Yes No If yes, how much per month: _____

Section 4: Family

PART 1

Status: Single Married Divorced Separated Significant Other Widowed

Women Only: Are you pregnant? Yes No If yes, how many months: _____

Do you have any children? Yes No If no, continue to Part 2 of this section

How many children do you have? _____ How many live with you? _____ How many are minors? _____

Do you pay child support? Yes No If yes, what is the monthly amount: _____ Are you current? Yes No

List all your children

Name	DOB	M/F	Custody Status	Lives with you
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART 2

List your immediate family members NOT living with you

Name (last, first)	M/F	Age	How Related	Address	Phone & Type
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

How often do you have contact with other family members?

Daily 2-3x a week Weekly 2-3x a month Monthly 2-3x a year Once a year Never

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Section 5: Criminal History

1. What was your age at first arrest?

- 9-17 years old 18-22 years old 23 or older

2. How many times have you been arrested (including juvenile arrests)?

- 10 or more 4-9 times 0-3 times

3. Do you own or possess any firearms or ammunition? Yes No

If yes, list ALL items and why you have them:

4. Does your current case, directly or indirectly, involve the use and/or possession of drugs and/or alcohol? Yes No

If yes, please explain: _____

5. Have you ever been charged OR arrested for a domestic violence related offense? Yes No

If yes, please explain: _____

6. Have you ever been the victim of domestic violence? Yes No

7. Other than your current offense, do you have any other felony or misdemeanor charges in Utah or another state? Yes No

If yes, please list the charge(s) and state:

8. Other than your current case, do you have any other pending cases in Utah or another state? Yes No

If yes, please list the charge(s) and state:

9. In your own words, briefly explain what happened that led to your current charges:

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Section 6: Substance Use

Drugs and Alcohol:

	Primary Substance	Secondary Substance	Third Substance
Type of drug or alcohol	_____	_____	_____
Age first used:	_____	_____	_____
How often do you use:	_____	_____	_____
How do you administer: (inject, inhale, oral, smoke)	_____	_____	_____
Used the last 30 days:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date last used:	_____	_____	_____
Who do you use with:	_____	_____	_____

Are you in alcohol or drug treatment? Yes No If yes, specify: _____

Are you abusing prescription drugs? Yes No If yes, specify: _____

Tobacco Use:

Do you smoke? Yes No How many packs per day? _____ Do you chew? Yes No

Do you smoke with drugs? Yes No When: Before Using After Using Sametime

Section 7: Additional Information

Do you have any short-term goals (3-6 months)? Yes No If yes, please list the top 2:

Do you have any long-term goals (1-2 years)? Yes No If yes, please list the top 2:

Social Media:

List usernames for all accounts you have:

Facebook: _____ Instagram: _____ Snapchat: _____

Twitter: _____ Other (type / username): _____

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Please list known associates and locations where you spend your time

Associates:

Name: _____ Approximate age: _____

Name: _____ Approximate age: _____

Name: _____ Approximate age: _____

Name: _____ Approximate age: _____

Locations (if a business list name):

Address Apt # City State Zip

Address Apt # City State Zip

Address Apt # City State Zip

Address Apt # City State Zip

Previous Residences:

Address Apt # City State Zip

Address Apt # City State Zip

Address Apt # City State Zip

To the best of my knowledge, my responses are honest, correct, and accurate.

Applicant Signature: _____ Date: _____

UCAP Staff Signature: _____ Date: _____