

# Red Rock Private Probation Services

## PROBATION INTAKE PACKET

Please fill out this form		Case No.
Name:		Intake Date:
Physical Address:		Apt #
City: St George	State:	Zip Code:
Contact Phone #:	2nd Contact Name/Phone #:	Relationship:
Email Address:		DOB:
<b>Employment Information:</b>		
Employer:		City
Red Rock Private Probation Services Contact:		
Email: <a href="mailto:redrockprivateprobation@gmail.com">redrockprivateprobation@gmail.com</a>		
Phone/Text: 360-903-2843		

## Cost of Services Contract

We accept Cash, Checks, Money Orders, Debit & Credit Cards. Fees below reflect a cash discount. (\$25.00 for returned checks)

<u>Service</u>	<u>Fee</u>
Intake fee	\$50
Monthly supervision fee	\$50
Drug Testing Fee	\$20

**Red Rock Private Probation Services is a business that provides a service for you which helps keep you out of jail. You don't work for free and neither do we. Payment is due at the time the service is rendered.**

*I have read and understand the service fees associated with Red Rock Private Probation Services and I agree to pay for services rendered on my behalf.*

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Red Rock Private Probation Services "Probation Policies"

\* Red Rock Private Probation Services = RRPPS

I agree to meet with "RRPPS" staff at least one time every month **or as requested** to discuss my probation progress or lack of progress. If I fail to appear for my monthly probation visit for more than 2 months, a warrant may be issued for my arrest. If I fail to complete my probation conditions in a timely manner or do as directed by my probation officer or follow the court's orders, an Order to Show Cause may be filed against me.

I understand that if I am on probation to multiple courts and "RRPPS" is required to report to multiple Courts on my behalf, I will be charged an additional \$15.00 per month surcharge for each additional Court.

"RRPPS" is a mobile private probation company. This means that I will be able to meet with a private probation officer at my home or a mutually agreed upon location during or after normal business hours to meet this requirement. It is my responsibility to schedule monthly contact with my probation officer.

I will discuss my probation conditions with "RRPPS" probation officer monthly. The probation officer does not order the conditions, the judge does. Probation conditions are non-negotiable. It is my responsibility to understand what I need to do to comply with my probation.

Probation is NOT a checklist. It is a period. I was given a sentence that includes certain conditions as well as a period of probation. I understand that I may complete some conditions before the end of my probation period, but it does not mean I am finished. There may be a chance for early termination, but it will only be at the discretion of "RRPPS" staff, the Prosecutor's office and the Judge.

I must keep "RRPPS" staff informed if I leave town and am required to give 30 days' notice with documentation. Leaving town includes in-state and out of state travel. Depending on my status on probation, I may be required to do random drug testing while I am out of town. I will locate a facility to test at and complete an alcohol and a five-panel drug test. I am also responsible for making sure that the results are forwarded to "RRPPS" in a timely manner.

I understand that if an Order to Show Cause is filed against me it may be served to me in person by certified mail. I agree to keep my address and telephone numbers current with "RRPPS" and the Court so that I may be contacted at any time. Failure to keep contact information current is a violation of my probation conditions. I also agree to receive any mail from "RRPPS" or the Court because it may contain important case information. **Failure to pick up any mail is not an excuse that you did not get served. If we serve you by certified letter and you miss your Court date a warrant will be issued for your arrest.**

Failure to appear for my UA's on the day requested will result in a \$25 missed UA fee and missing 2 or more UA's may result in an OSC being filed. **THERE ARE NO MAKE UPS FOR UA TESTS.** You must test on the day requested or it is a miss. Do not ask if you can make it up. The answer is NO!!

If I have questions the best way to get them answered is to email [rerockprivateprobation@gmail.com](mailto:rerockprivateprobation@gmail.com) may also leave a VM or text @ **360-903-2843**. If I am a client that is out of state and APPROVED to do phone probation I understand that I must specify this in my message. If I fail to call on the specific dates/times agreed upon, I will be assessed a missed monthly fee.

*I have read and understand the probation policies as explained above.*

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Red Rock Private Probation Services Supervised Probation Agreement

The Court has ordered compliance with the following probation conditions: ("RRPPS" probation officer will discuss these with you at intake, do not fill out until your intake with probation officer). \* Red Rock Private Probation Services = RRPPS

## FINANCIAL CONDITIONS

\_\_\_\_\_ **FINE:** I agree to pay the Court ordered fine in the amount of \$ \_\_\_\_\_.

\_\_\_\_\_ **RESTITUTION:** I agree to pay \$ \_\_\_\_\_ in restitution.

\_\_\_\_\_ **PUBLIC DEFENDER FEE:** I agree to pay \$ \_\_\_\_\_ for my public defender fee.

\_\_\_\_\_ **OTHER:** \_\_\_\_\_

\_\_\_\_\_ **TOTAL AMOUNT DUE:** \$ \_\_\_\_\_. I Agree to pay \$ \_\_\_\_\_ per month beginning \_\_\_\_\_.

## PROBATION CONDITIONS

\_\_\_\_\_ **MONTHLY PROBATION FEE:** "RRPPS" provides a service required by the Court. I understand that I am expected to pay a monthly probation fee at the time I appear for my probation visit. I have discussed the monthly probation fee and other associated fees while on probation and agree to pay them.

\_\_\_\_\_ **MONTHS OF PROBATION:** I have been ordered to complete 24 months of supervised probation and will report at least monthly or as requested by my probation officer.

\_\_\_\_\_ **NO FURTHER VIOLATIONS OF THE LAW:** Commit no further violations of the law other than minor traffic violations. (If I do, I must report it to "RRPPS" immediately).

\_\_\_\_\_ **CONTACT INFORMATION:** Keep Probation and the Courts updated with my current address and phone number within 48 hours of change

\_\_\_\_\_ **BODY FLUIDS TESTING:** Submit to & pay for Random Drug Screens, Urinalysis and/or Breathalyzer tests as needed or deemed necessary by probation. I must report as requested to provide a Urine test. Payment of the drug testing fee is required at the time I provide the UA. My failure to appear when called WILL result in a \$25.00 missed UA fee. Multiple times will result in an OSC being filed with the Court.

\_\_\_\_\_ **ALCOHOL:** Do not use or possess alcoholic beverages or frequent places where alcohol is the chief item for sale.

\_\_\_\_\_ **CONTROLLED SUBSTANCES:** Do not use or possess controlled substances or be in the presence of those who use, possess or distribute controlled substances. Do not use prescription drugs without a valid prescription.

\_\_\_\_\_ **EMPLOYMENT:** Obtain and maintain lawful, verifiable, full time employment or attend school or a vocational program.

\_\_\_\_\_ **SEARCH CLAUSE:** Submit to search of residence, person, or vehicle to a probation officer or a police officer without a warrant if they have reasonable cause.

\_\_\_\_\_ **DRIVING/INSURANCE:** Drive with only a valid driver's license and insurance.

\_\_\_\_\_ **OTHER CONDITIONS:** Any other conditions deemed necessary by "RRPPS".

## SPECIAL CONDITIONS

\_\_\_\_\_ **COMMUNITY SERVICE:** Complete \_\_\_\_\_ hours of community service with \_\_\_\_\_ hours per month to be completed on or before \_\_\_\_\_. Provide valid documentation to Probation & the Court.

\_\_\_\_\_ **GED / DIPLOMA:** Obtain a high school diploma or GED. Provide documentation.

**INPATIENT TREATMENT:** Complete inpatient treatment at \_\_\_\_\_ and complete aftercare as required.

**ASSESSMENT / EVAL / REGISTER:** Obtain and pay for a mental health, drug & alcohol, domestic violence or \_\_\_\_\_ evaluation within/by \_\_\_\_\_ days/date and complete and pay for any recommended treatment within/by \_\_\_\_\_ months/date. Provide documentation of completion to Probation & the Court.

**REGISTER WITH AN ONGOING PROVIDER:** Continue / Complete therapy with \_\_\_\_\_.

**EDUCATION CLASSES:** Complete and pay for (a) \_\_\_\_\_ educational class (es) and provide documentation of completion to Probation and the Court.

**IGNITION INTERLOCK:** Install ignition interlock in all vehicles that I drive or are registered to me by (Date) \_\_\_\_\_.

**NO CONTACT ORDER:** Have no contact with \_\_\_\_\_.

**DNA TEST:** Obtain and pay for a DNA test and provide documentation to Probation and the Court.

**PRESCRIPTIONS:** Obtain all prescriptions from only one doctor.

**HOME CONFINEMENT / ELECTRONIC MONITORING:** Comply with the Conditions of home confinement as set forth by the Court and "GPS", including paying all costs.

# Days HC \_\_\_\_\_ Start Date: \_\_\_\_\_ Conditions: \_\_\_\_\_

**OTHER:** \_\_\_\_\_

I have discussed my probation conditions with a probation officer. I understand each condition of my probation and have placed my initials next to each condition indicating that I do understand and agree to comply with the specific probation condition. I also understand that failure to comply with each of these conditions may result in a violation of my probation and an Order to Show Cause being filed against me. I have developed a plan with a probation officer to successfully complete these conditions. Each month I will appear to go over my plan with the probation officer and determine if I'm in compliance with my probation conditions. My probation plan may change depending upon my circumstances, but I must always comply with every condition of my probation.

\_\_\_\_\_  
Probationer Signature                      Printed Name (LEGIBLY)                      Date

\_\_\_\_\_  
Probation Officer                      Date