

TREATMENT SCHEDULE (Including AA)

Location (Address): _____

Circle treatment days: **Mon** **Tues** **Wed** **Thurs** **Fri** **Sat** **Sun**

Time In: _____ Time Out: _____

ELECTRONIC HOME DETENTION HISTORY

Have you ever been on electronic home detention before? **Y** **N**

If yes, when and where: _____

Did you complete it successfully? **Y** **N**

PROBATION

Probation Status: **Y** **N** Department: _____

Name of PO: _____ Telephone Number: _____

Name of PO: _____ Telephone Number: _____

Are you in good standing with your PO? **Y** **N**

TRANSPORTATION

What type of transportation to you use to get around? _____

Drivers License #: _____ State Issued: _____ Expiration Date: _____ Status: Active
 Suspended
 Revoked

MEDICAL CONDITIONS

Do you have any medical conditions (such as tuberculosis, hepatitis, or heart problems, etc.)? **Y** **N**

If yes, please describe: _____

List all medications you take (both prescription and over the counter):

