

STATE OF ILLINOIS
TWENTY-FOURTH JUDICIAL CIRCUIT
COURT SERVICES AND PROBATION

Jessica Eldridge, Chief Managing Officer,
Alec Valerius, Drug Court Officer

Perry/Washington County Drug Court
Phone: 618-327-6012

Probation Officer: _____

Your Name: _____ Phone Number: _____

Physical address: _____

Who do you live with? _____ Relationship: _____

Employment Status: Full-time Part-time Laid Off Disabled In School Unemployed

Employer or School's Name: _____ Location: _____

Who is your health insurance provider? _____

Are you prescribed any controlled substances? _____

Have you had any police contact within the past 30 days? Yes or No

If yes, please described when, where and the nature of the incident: _____

What are your court ordered requirements? (check all that apply)

- ☐ Public Service Work
- ☐ Counseling
- ☐ MRT
- ☐ House Arrest
- ☐ Curfew
- ☐ Maintain Employment or GED Classes
- ☐ Abstain from illegal drugs, alcohol and cannabis
- ☐ Attend support group meetings
- ☐ No Contact with _____
- ☐ Other _____

Are you in compliance? Yes or No

If no, why? _____

What is your sober date? _____

Have you had any recent drug or alcohol use? Yes or No

If yes, please disclose the use to the drug court officer and/or your counselor. It is important that you tell the truth.
Failing to tell the truth can result in a more serve sanction.

What is one positive thing or goal you reached this month? _____

PROVIDING FALSE INFORMATION ON THIS FORM COULD RESULT IN A SANCTION OR VIOLATION OF DRUG COURT!

SIGNED _____
(PROBATIONER)

DATE _____

PROBATION OFFICER COMMENTS _____