

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

Jessica Eldridge, Chief Managing Officer  
Heather Beninati, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(PROBATIONER)

PROBATION OFFICER COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_