

Matt English
 Sheriff
 Brian Rocket
 Undersheriff
 Jamie Hepner
 Commander



Hood River Sheriff's Office
 Parole/Probation Division
 309 State Street
 Hood River OR, 97031
 (541)-387-6862

Shaun Anderson
 Parole/Probation
 Deputy
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 Parole/Probation
 Deputy
 Doug Farris
 Parole/Probation
 Deputy
 Tammy Hughes
 Corrections Tech

Probation / Post Prison Intake Form

DATE:

NAME:	DATE OF BIRTH:	SSN:	SSN may be used for collection purposes)	
HOME PHONE:	CELL PHONE:	MESSAGE PHONE:		
ST. ADDRESS:	CITY	STATE	ZIP	
MAILING ADDRESS	CITY	STATE	ZIP	
PLACE OF BIRTH:	HEIGHT:	WEIGHT:	EYE COLOR:	HAIR COLOR:
EMAIL ADDRESS				
LIST THE NAMES OF PEOPLE LIVING WITH YOU AND THEIR RELATIONSHIP TO YOU:				

EMERGENCY CONTACT NAME:	RELATIONSHIP:	PHONE:
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INCOME

SOURCE OF INCOME:	AMOUNT:
SOURCE OF INCOME:	AMOUNT:
IF EARNED INCOME, NAME OF EMPLOYER:	
ADDRESS OF EMPLOYER:	PHONE NUMBER:
HOW MANY HOURS DO YOU WORK A WEEK?	RATE PER HOUR/MONTH:

TRANSPORTATION

DRIVER'S LICENSE NUMBER:	ISSUING STATE:	IS IT VALID?
YEAR: MAKE: MODEL:	COLOR:	PLATE #:
YEAR: MAKE: MODEL:	COLOR:	PLATE#:
ARE YOU CURRENTLY ON PROBATION?	PROBATION OFFICER'S NAME:	
WHAT COURT WERE YOU IN TODAY?	WHO WAS THE JUDGE?	
WHAT WERE YOU CONVICTED OF?	WHAT'S YOUR ATTORNEY'S NAME?	

COMMENTS:

Hood River County Sheriff's Office
Parole/Probation Division

309 State Street, Hood River, OR 97031
Phone (541) 387-6862

PERSONAL HISTORY FORM

PLEASE PRINT. Note that all information will be treated confidential

ADDITIONAL PERSONAL INFORMATION:

Please list all scars, marks and tattoos and what they are: (example: tat l arm – eagle, scar r calf – 2 inches, etc)

How long have you lived at the address listed on the intake form? _____

Number of address changed within the past year? _____

List other states in which you have lived: _____

Are you a U.S. Citizen? Yes _____ No _____

Are you involved with or receiving services from any other agency? No _____ Yes _____

If yes, please list: _____

FAMILY/MARITAL INFORMATION:

Name of current spouse/partner: _____

How would you describe your relationship (please circle one): great good average poor

Does your partner have a past criminal history or is currently involved in the criminal justice system?

Yes _____ No _____

If yes, please explain: _____

Names and ages of children: _____

If minor children, are they in the home? Yes _____ No _____

If no, why not? _____

Does the Juvenile Department supervise your children? Yes _____ No _____

If yes, please explain _____

List activities that you do as a family: _____

List prior marriages (include former spouse's name and date of marriage)

Were/are your family members on probation? Yes_____No_____

If yes, please explain: _____

Mother's name _____

Father's name: _____

Brothers/Sisters Name(s): _____

Do you maintain contact with family members? Yes_____No_____

Name 5 people to contact in case of emergency and include their phone numbers:

CURRENT CRIME OF CONVICTION/CRIMINAL HISTORY:

List your past juvenile adjudications: _____

Did juvenile justice or OYA ever supervise you? Yes_____No_____

If yes, for what crime? _____

How many times were you arrested when under the age of 18? _____

List your past adult convictions: _____

Have you ever been incarcerated? Yes_____No_____ If yes, for how long? _____

Have you ever been arrested for an assault related crime? Yes_____No_____

Have you ever been arrested for domestic violence? Yes_____No_____

Have you ever been arrested for a weapons crime? Yes_____No_____

Explain your current conviction in your own words: _____

How do you feel about being placed on probation? _____

Were you under the influence of intoxicants at the time of the incident? Yes_____No_____

If yes, what? _____

Do you have pending charges? Yes_____No_____

If yes, please explain: _____

EMPLOYMENT/EDUCATION:

Current employer: _____ Address: _____

Phone: _____ Job Title: _____ Supervisor: _____

Hours per week: _____ Shift: _____ Wages: _____ per hr/week/mo _____

Length of employment: _____ Do you get along with your boss? Yes _____ No _____

Are you attending school? Yes _____ No _____ If yes, where? _____

If not working or attending school, why not? _____

Previous three employers: _____

Dates and length of each job: _____

Have you ever been fired from a job? Yes _____ No _____ If yes, why? _____

Last grade completed? _____ High School graduate/GED? Yes _____ No _____

Specialized training, certifications, college degree? Yes _____ No _____

If yes list _____

Military experience? Yes _____ No _____ If yes, list dates and discharge status _____

CURRENT FINANCIAL OBLIGATIONS:

Rent/house payment: \$ _____

Child Support: \$ _____

Utilities/cable/phone: \$ _____

Food: \$ _____

Transportation: \$ _____

Loans: \$ _____

Court fees: \$ _____

Other: \$ _____

CURRENT FINANCIAL SUPPORT:

Employment: \$ _____

AFS/Food Stamps: \$ _____

WIC/Child Support: \$ _____

SSI/Disability: \$ _____

Public Housing: \$ _____

Other: \$ _____

Do monthly expenses routinely exceed total monthly income? Yes _____ No _____

Have excess expenses been paid by any of the following? Yes _____ No _____

If yes, please check the box (s) below:

- Pawning personal property
- Drug Sales
- Loans from family
- Other crimes
- Other

ALCOHOL/DRUG HISTORY:

How old were you when you first drank alcohol? _____

When did you last have a drink? _____

How many drinks do you usually have each time you drink? _____

In the last 30 days, how many days did you drink? _____

Is there a history of alcoholism in your family? Yes _____ No _____

Do you believe you have ever abused alcohol? _____

Do you have any health problems related to alcohol abuse? _____

If so, please list: _____

Drug:	Age at first use	Date of last use	Do you use daily?
Marijuana	_____	_____	_____
Cocaine	_____	_____	_____
Crack Cocaine	_____	_____	_____
Heroin	_____	_____	_____
Meth, Crank	_____	_____	_____
Speed, Ice	_____	_____	_____
Prescription	_____	_____	_____
Inhalants	_____	_____	_____
Other	_____	_____	_____

In the last 30 days, how many days did you use drugs? _____

Which drugs do you use with a needle? _____

Is there a history of drug abuse in your family? Yes _____ No _____

Do you believe you have ever abused or been addicted to drugs? Yes _____ No _____

Do you have any health problems related to drug abuse? Yes _____ No _____

If yes, please list _____

GANG AFFILIATION:

Please list any present or past gang affiliation (see definition): _____

“A gang is a group of three or more persons who have a common identifying sign, symbol, or name, or whose member individually or collectively engage in or have engaged in a pattern of criminal activity creating an atmosphere of fear and intimidation with the community.”

COMPANIONS:

Do any of your friends have criminal histories? Yes_____No_____

How many of your close friends have a history with alcohol or drug abuse? _____

Were/are your friends under supervision? Yes_____No_____

If yes, list:_____

SUPPORT SYSTEM:

How many close friends do you have? _____

How many of your close friends do not use controlled substances? _____

How many of your close friends have **never** been on probation? _____

MENTAL AND PHYSICAL HEALTH HISTORY:

Have you seen a Mental Health professional in the past? Yes_____No_____

Do you have a Mental Health Diagnosis? Yes_____No_____

If yes, what is your diagnosis?_____

Have you been hospitalized for a Mental Health problem? Yes_____No_____

If yes, please provide detail:_____

Do you want to speak with a Mental Health professional? Yes_____No_____

Do you have recurring physical problems? Yes_____No_____

If yes, please provide detail:_____

Are you able to provide medical documentation? Yes_____No_____

Are you taking prescribed medication? Yes_____No_____

If yes, what?_____

Were you abused mentally, physically, or sexually as a child or an adult? Yes ___No____

If yes, are you interested in obtaining assistance to manage issues arising from this abuse? Yes_____No_____

BY SIGNING BELOW, I AFFIRM THAT I HAVE RESPONDED TO ALL QUESTIONS, AND ANSWERED TRUTHFULLY TO THE BEST OF MY KNOWLEDGE

Name of person under Supervision

Date

**HOOD RIVER COUNTY SHERIFF'S OFFICE
PAROLE/PROBATION DIVISION - General Conditions of Supervision**

Name: _____

County: HOOD RIVER

SID: _____

Docket: _____

The Court may place the defendant on probation, which shall be subject to the following General Conditions unless specifically deleted by the Court (ORS 137.540). The probationer shall:

1. Pay supervision fees, fines, restitution or other fees ordered by the Court.
2. Not to use or possess controlled substances except pursuant to a medical prescription.
3. Submit to testing of breath or urine for controlled substances or alcohol use if the probationer has a history of substance abuse or if there is a reasonable suspicion that the probationer has illegally used controlled substances.
4. Participate in a substance abuse evaluation as directed by the supervising officer and follow those recommendations of the evaluator if there are reasonable grounds to believe there is a history of substance abuse.
5. Remain in the State of Oregon until written permission to leave is granted by the Department of Corrections or a county community corrections agency.
6. If physically able, find and maintain gainful full-time employment, approved schooling, or a full-time combination of both. Any waiver of this requirement must be based on a finding by the Court stating the reasons for the waiver.
7. Change neither employment nor residence without prior permission from the Department of Corrections or a county community corrections agency.
8. Permit the probation officer to visit the probationer or the probationer's work site or residence and to conduct a walk-through of the common areas and of the rooms in the residence occupied by or under the control of the probationer.
9. Consent to search of person, vehicle, or premises upon the request of a representative of the supervising officer if the supervising officer has reasonable grounds to believe that evidence of a violation will be found, and submit to fingerprinting or photographing, or both, when requested by the Department of Corrections or a county community corrections agency for supervision purposes.
10. Obey all laws, municipal, county, state and federal.
11. Promptly and truthfully answer all reasonable inquiries by the Department of Corrections or a county community corrections agency.
12. Not possess weapons, firearms or dangerous animals.
13. Report as required and abide by the direction of the supervising officer.
14. If under supervision for, or previously convicted of a sex offense under ORS 163.305 to 163.467, and if recommended by the supervising officer, successfully complete a sex offender treatment program approved by the supervising officer and submit to polygraph examinations at the direction of the supervising officer.
15. Participate in a mental health evaluation as directed by the supervising officer and follow the recommendation of the evaluator.
16. If required to report as a sex offender under ORS 181.596, report with the Department of State Police, a chief of police, a county sheriff or the supervisory agency; (A) When supervision begins; (B) Within 10 days of a change of residence; and (C) Once each year within 10 days of the probation's date of birth.
17. Submit to a risk and needs assessment as directed by the supervising officer.

I have read, or have had read to me, and fully understand and accept the Conditions of Probation under which I have been released by the Sentencing Court. Failure to abide by all General and Special conditions imposed by the Court and supervised by the Probation Department and its representatives may result in arrest, modification of conditions, revocation of probation or imposition of structured, intermediate sanctions.

Signature of Probationer: _____

Date: _____

Witness and Title: _____

Date: _____

**HOOD RIVER COUNTY SHERIFF'S OFFICE
PAROLE/PROBATION DIVISION
FEE SCHEDULE**

Amended 08/04/2014

All fees assessed by and payable to Hood River County Community Corrections office may be submitted by money order, cashiers check, or cash (for the exact amount). We no longer accept personal checks.

Supervision Fee (ORE 423.570)	\$40.00	Due on or before the 20th of each month.
Buccal Swab/DNA	\$15.00	
Compact application fee	\$100.00	
Copy fee	\$.25	Per page plus \$5.00 processing fee
CSW/Work Crew (Worker's Comp Ins)	\$25.00	Supervised Clients. Each referral/sanction
CSW/Work Crew (Worker's Comp Ins)	\$25.00	Unsupervised Clients. Each referral/re-referral
CSW/Work Crew Out of County Referral Fee	\$25.00	Each referral/re-referral
Electronic Home Detention	\$50.00	Hook-Up/Installation Fee
Electronic Home Detention	\$10.00	Daily Fee Supervised Client
Electronic Home Detention	\$15.00	Daily Fee Unsupervised Client
Urinalysis Fee-POSITIVE	\$25.00	Per Specimen/Analysis
Urinalysis Fee-NEGATIVE	\$10.00	Per Specimen/Analysis
ETG alcohol test	\$25	per Specimen/Analysis
Fee Conversion Rate		Rate will be based on current Oregon minimum wage.

Any fees owed to Hood River County Community Corrections at the expiration of supervision may be given to the Oregon Department of Revenue, along with address, telephone number and social security number, for collection purposes unless prior arrangements have been made.

_____ Client Signature	_____ SID:	_____ Date
_____ Parole/Probation Officer Signature		_____ Date

HOOD RIVER COUNTY SHERIFF'S OFFICE
PAROLE/PROBATION DIVISION
Firearms Notification

Name: _____ County: HOOD RIVER

SID: _____ Docket: _____

FEDERAL FIREARMS ACT
TITLE 18, U.S. CODE, SECTION 922

In 1968 a Federal Law was passed which prohibits anyone who has been convicted of a felony to receive or possess any firearm, or to receive explosives. The 1968 "Gun Control Act" was amended in 1996 and prohibits anyone who has been convicted of a crime of domestic violence, misdemeanor or felony, from possession or access to firearms, 18 U.S.Code 922(g)(9). The Gun Law applies to you if you have ever:

- 1) Been convicted of a felony;
- 2) Been convicted of a crime of domestic violence;
- 3) Been discharged from the armed forces under dishonorable conditions;
- 4) Been declared by a court as mentally incompetent;
- 5) Been a citizen of the U.S. and renounced your citizenship; or
- 6) Be an illegal alien, unlawfully in the U.S.

"Felony" means any offense punishable by imprisonment for a term exceeding one year. This does not include any offense, other than one involving a firearm or explosive, classified as a misdemeanor and punishable by a term of imprisonment of two years or less.

"Firearms" means any weapon which is designed to expel a projectile by the action of an explosive; the frame or receiver of any such weapon; or any firearm muffler or firearm silencer. Includes any handgun, rifle, or shotgun.

The 1968 "Gun Control Act" does have provisions for certain people to apply to the government for relief from this law. Relief is not granted without a thorough investigation and an individual must be off probation or parole for at least two years before his/her case is considered. In addition, anyone convicted of an offense in which a firearm was used, will not be eligible for relief.

OREGON STATE LAWS

Additionally, the Oregon State Statute ORS 166.270, forbids any convicted felon from owning or possessing any firearm. A felon convicted of this charge is guilty of Felon In Possession of Firearm. A person may petition an Oregon Court for relief from this statute and regain the right to possess a firearm, but this relief is granted by Court Order.

Oregon State Statute ORS 137.540, forbids any person on supervised or bench probation from possession, control, or access to a firearm. A felon or misdemeanant purchasing or attempting to purchase a firearm is guilty of Unlawful Purchase of Firearm, ORS 166.425.

Failure to comply may result in a new conviction with fine and/or imprisonment, as well as violation of your parole/probation.

Sign below to indicate you have been informed of the Federal Gun Law and Oregon State Statutes regarding felons AND all persons on parole/probation.

Offender Signature:

Probation Officer Signature:

Date:

**HOOD RIVER COUNTY SHERIFF'S OFFICE
PAROLE/PROBATION ADULT DIVISION**

**AGREEMENT TO RETURN
(WAIVER OF EXTRADITION)**

Name: _____ County: _____

SID: _____ Docket: _____

In consideration of being granted probation / parole in the court cases listed above and especially being granted the privilege to leave the State of Oregon, I, _____ do hereby agree:

- 1) That I will comply with the conditions of probation/parole/PPS as fixed by the State of Oregon in ORS 137.540 or ORS 144.102.
- 2) That I will, when instructed by a duly authorized agent of Hood River County Community Corrections or any other county community corrections agency return to the State of Oregon at any time.
- 3) That I hereby do waive extradition to the State of Oregon from any jurisdiction in or outside the United States Of America where I may be found, and also agree that I will not contest any effort by any jurisdiction to return me to the State Of Oregon.
- 4) Failure to comply with sections 1 or 2 above, will be deemed to be a violation of the terms and conditions of probation / parole, for which I may be returned to the State of Oregon.

NOTICE

GRIEVANCE: ORS 423.060, ACA Standard 2-3149, and OAR 291-109-005 through 291-109-060 provide a procedure to grieve alleged unfair or erroneous decisions or actions by your Parole/Probation Officer. The procedure requires a written complaint to the Officer's supervisor. A copy of grievance procedures will be made available upon your request.

Signature: Date: Supervising Officer: Date:

Client Contract Addendum when monitoring with EIG/EIS

Ethyl glucuronide (EIG) and ethyl sulfate (EIS) are metabolites of alcohol that are excreted more slowly from the body than alcohol itself. They are therefore better at picking up drinking and better at documenting abstinence. When being monitored with EIG/EIS, it is important, as in any situation, to be aware of items to avoid so that inadvertent “incidental” exposure does not cause a positive test. In other words, it is important to know what items contain alcohol and to avoid them. With reasonable caution, it is rare for “incidental” alcohol exposure to cause a positive test.

It is **YOUR** responsibility to limit and avoid exposure to the products and substances detailed below as well as any other substance that contains ethyl alcohol. It is **YOUR** responsibility to read product labels to know what is contained in the products you use and to inspect these products **BEFORE** you use them. Terms used to describe alcohol products that must be avoided include denatured alcohol, SD alcohol, ethanol, or ethyl alcohol. Use of the products listed below or any other product containing alcohol is a violation of this contract and will **NOT** be allowed as an excuse for a positive test result.

When in doubt, do not use, consume, or apply anything that might contain alcohol.

Mouthwash: Many mouthwashes (Listermint, Cepacol, etc) contain ethyl alcohol. Use of alcohol containing mouthwashes can cause positive tests for alcohol because they contain a significant amount of alcohol. Participants are required to read product labels and know whether a product they are using, such as mouthwash, contains ethyl alcohol. Use of alcohol containing products while in monitoring is not permitted. Non-alcohol mouthwashes are readily available and are an acceptable alternative. If you have questions about a particular product, bring it in to discuss with your case manager.

Over-the-counter medications: It has always been prohibited to use alcohol containing cough syrups or cold preparations (e.g. Nyquil) while in monitoring. Nutritional supplements, such as Ginko Biloba liquid, can contain alcohol and should be avoided. Ethyl alcohol is frequently used in liquid medication as a solvent. Read labels and if the product contains alcohol, do not use it unless you first receive clearance from your case manager. Non-alcohol containing cough and flu medications are readily available and acceptable alternatives.

Non-alcohol Beer and Wine: These beverages (e.g. O’Douls, Sharps, etc) contain enough alcohol that they can result in a positive test. While in monitoring you are not permitted to ingest these products.

Food and Other Consumable Products: Flavoring extracts, such as vanilla extract or almond extract, if consumed in excess (e.g. to flavor coffee) can cause a positive test. Some desserts, especially flamed desserts, are prepared with large amounts of alcohol and can cause a positive test. Chocolates containing liquid filling can contain alcohol. Some churches use win or fortified wine for communion and depending on how much is consumed can cause a positive test. All of these foods should be avoided.

Breathing alcohol vapor can cause a positive test: Avoid breathing fumes of products containing alcohol, such as alcohol-based hand sanitizing gels (e.g. Purell), perfumes or colognes, bug sprays, or other chemicals (lacquers, solvents, or gasohol). If you must use these products, use them sparingly and avoid breathing the fumes.

Remember, when in doubt, do not use, consume, or apply!

I have read and understand my responsibilities detailed above:

Participant

Date