**Peer Review Cover Page** *(for program to complete prior to site visit)*

**Name of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Physical Address of Coordinator’s Office (if different):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Date of Site Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any special information regarding directions to the site?**

**At intake, participants are:**

* **Post-plea/pre-sentence**
* **Post-sentence (conditions of probation)**
* **Probation violations**
* **Rider re-entry**

**This program began in: \_\_\_\_\_\_\_\_\_\_\_** (year)

**How many participants are currently active? \_\_\_\_\_\_\_\_\_\_\_**

**County population size:

Primary communities / population (describe any key demographics):**

**Day/time of staffing(s):

Day/time of court session(s)/hearing(s):**

**Suggestions for where to stay (lodging)?**

**Suggestions for where to eat?**

**Any primary concerns or requests that we cover in the review/visit?**

**Any important information we should know about your program before we arrive?** *(anything that may be unique or important to understand about the services you provide or the challenges you face, e.g., demographics of participants, cultural context of program/community, etc.)*

**Team Members: (or attach contact list to this page)**

**Judge/Magistrate:**

Phone number:

Email address:

**Coordinator:**

Phone number:

Email address:

**Treatment Provider(s):**

Phone number:

Email address:

**Prosecutor:**

Phone number:

Email address:

**Defense Attorney:**

Phone number:

Email address:

**Law Enforcement Representative:**

Phone number:

Email address:

**Case Manager(s):**

Phone number:

Email address:

**Probation Officer:**

Phone number:

Email address:

**Other team member(s):**

Phone number:

Email address:

**Other team member(s):**

Phone number:

Email address:

**(revise or add team member information as needed)**

**\*\* Please fill out the online survey located at this link by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date):**

<https://www.surveymonkey.com/s/IdahoDCReview>