



Adult Diversion
Sedgwick County Courthouse
535 N. Main, Wichita, KS 67203

Office of the District Attorney
18th Judicial District

Telephone: (316) 660-3663
Fax: (316) 660-1857
Toll Free: (800) 432-6878

MONTHLY REPORT

Return completed, **signed** report form

Name Address
 City State Zip Code
 Telephone: Living with:
Name and Relationship (Spouse, Parent, Friend, etc.)

Present Employer or School:
 Address:
 What kind of work do you do?
 Wages per hour, day, week or month?

Other sources of income:

Days absent from work or school, excluding weekends and holidays, and reason for absence:

Indicate whether payments are accompanying this report by placing a check mark next to type of payment and writing in amount of payment:

| | | |
|---|----|----------------------|
| <input type="checkbox"/> Restitution..... | \$ | <input type="text"/> |
| <input type="checkbox"/> Court Costs..... | \$ | <input type="text"/> |
| <input type="checkbox"/> Jail Processing Fee..... | \$ | <input type="text"/> |
| <input type="checkbox"/> Attorney Fee..... | \$ | <input type="text"/> |
| <input type="checkbox"/> Lab Fee..... | \$ | <input type="text"/> |

Have you been arrested, stopped, questioned, ticketed, or had any contact with a law enforcement official since your last report? Yes No

If Yes, Explain:

Which forms do you need more of? Check all that apply: Report Forms Alcoholics Anonymous Forms Community Service Forms

X _____ Date: _____
Signature

If there is anything you wish to discuss with your Program Coordinator, please call 660-3663.

Additional Comments:

**Return to: District Attorney's Office, Adult Diversion
535 N. Main, Wichita KS 67203**