



**Downtown**  
535 North Main Wichita, Kansas 67203

**Office of the District Attorney**  
18<sup>th</sup> Judicial District of Kansas

**Juvenile**  
1900 E Morris Wichita, Kansas 67211

### MONTHLY REPORT

Name:  Address:

Phone Number:  Who do you live with?

**IS THIS A NEW ADDRESS OR TELEPHONE NUMBER?**  Yes  No Name and Relationship (Spouse, Parent, Friend, ETC.)

**Present School:**

Present school activities you are involved in:

Indicate any special school awards or commendations you have received:

If your grades are low, what efforts are you taking to improve, i.e. tutoring, teacher aide, etc. Please explain below:

Explain below any disciplinary problems or suspensions you have had during this period:

**Present employer:**  Address:

Job description/job duty title:

Wages per hour, day, week or month:  Hours per week:

Indicate any special work awards or commendations you have received:

Are you having any problems at work?  Yes  No

If yes, please explain:

**Miscellaneous Activities:**  
Indicate any outside activities you are currently involved in:

Are you planning any trips, vacation, etc. which will take you out of town? Explain below:

List any counseling or treatment attended during this time period. **Please list type of treatment, name of facility, counselor's name and dates attended:**

**Law Enforcement Contact:**  
Have you been arrested or had any contact with a law enforcement official since your last report?  Yes  No

If yes, explain:

If there is anything you have questions on regarding your diversion, indicate below.

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

Date:    
   
PARENT'S SIGNATURE APPLICANT'S SIGNATURE  
PARENT'S SIGNATURE PARENT'S SIGNATURE

**GRADES: TEACHERS SIGNATURE REQUIRED**

1st hour: Subject:  Anticipated Grade:  Absences:

**Teacher's Comments/Concerns:**

**Teacher's Signature**

2nd hour: Subject:  Anticipated Grade:  Absences:

**Teacher's Comments/Concerns:**

**Teacher's Signature**

3rd hour: Subject:  Anticipated Grade:  Absences:

**Teacher's Comments/Concerns:**

**Teacher's Signature**

4th hour: Subject:  Anticipated Grade:  Absences:

**Teacher's Comments/Concerns:**

**Teacher's Signature**

5th hour: Subject:  Anticipated Grade:  Absences:

**Teacher's Comments/Concerns:**

**Teacher's Signature**

6th hour: Subject:  Anticipated Grade:  Absences:

**Teacher's Comments/Concerns:**

**Teacher's Signature**

7th hour: Subject:  Anticipated Grade:  Absences:

**Teacher's Comments/Concerns:**

**Teacher's Signature**

8th hour: Subject:  Anticipated Grade:  Absences:

**Teacher's Comments/Concerns:**

**Teacher's Signature**

**This report is to be filled out, signed and sent to:  
Pre-Trial Diversion Program, District Attorney's Office, Juvenile Division, 1900 E Morris, Wichita, Kansas 67211.**