



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

Adult Diversion  
Sedgwick County Courthouse  
525 N. Main, Ste 235  
Wichita, KS 67203

**MONTHLY REPORT -  
ALCOHOL**

Telephone: (316) 660-3663  
Fax: (316) 660-3674  
Toll Free: (800) 432-6878

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:**

- Alcohol/Drug Safety Active Program Fee.....\$ \_\_\_\_\_
- Fine.....\$ \_\_\_\_\_
- Jail Processing Fee.....\$ \_\_\_\_\_
- Attorney Fee.....\$ \_\_\_\_\_
- Lab Fee.....\$ \_\_\_\_\_

**Have you been arrested, stopped, questioned, ticketed, or had any contact with a law enforcement officer 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 you have renewed your motor vehicle insurance within the last month, please attach a copy of your new proof of insurance.**

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

Additional Comments: