Office of the District Attorney
18th Judicial District

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

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

MONTHLY REPORT - ALCOHOL

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:

Return to: District Attorney's Office, Adult Diversion
525 N. Main, Ste 235, Wichita KS 67203