



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

Office of the District Attorney
18th Judicial District

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:	
	<i>Name and Relationship (Spouse, Parent, Friend, etc)</i>	
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"/> Alcohol/Drug Safety Active Program Fee.....\$		
<input type="checkbox"/> Fine.....\$		
<input type="checkbox"/> Jail Processing Fee.....\$		
<input type="checkbox"/> Attorney Fee.....\$		
<input type="checkbox"/> Lab Fee.....\$		
Have you been arrested, stopped, questioned, ticketed, or had any contact with a law enforcement officer since your last report? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain:		
Which forms do you need more of? Check all that apply: <input type="checkbox"/> Report forms <input type="checkbox"/> Alcoholics Anonymous Forms <input type="checkbox"/> Community Service Forms		
	Date:	
<i>Signature</i>		
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