



Downtown  
525 N. Main, Ste 235  
Wichita, KS 67203

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

Juvenile  
1900 E. Morris  
Wichita, KS 67211

**MONTHLY REPORT**

Name:		Address:	
Phone number:		Who do you live with?	
<i>Name and relationship (spouse, parent, friend, etc)</i>			
Is this a new address or telephone number? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b><u>Present School:</u></b>			
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 aides, etc. Please explain:			
Explain any disciplinary problems or suspensions you have had during this period:			
<b><u>Present Employer:</u></b>			
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: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain:			
<b><u>Miscellaneous Activities:</u></b>			
Indicate any outside activities you are currently involved in:			
Are you planning any trips, vacation, etc which will take you out of town? Explain:			
List any counseling or treatment attended during this time period. <b>Please list type of treatment, name of facility, counselor's name and dates attended:</b>			
<b><u>Law Enforcement Contact:</u></b>			
Have you been arrested or had any contact with a law enforcement official since your last report? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain:			
If there is anything you have questions regarding your diversion, indicate below:			
Which form do you need more of? Check all that apply <input type="checkbox"/> Report Forms <input type="checkbox"/> Community Service Forms			
Date:		Applicant Signature	
Parents Signature:		Parents Signature	

<b>GRADES: Teacher's signature required</b>		
1 <sup>st</sup> hour Subject:	Anticipated Grade:	Absences:
<b>Teacher's comments/concerns:</b>		
<b>Teacher's Signature</b>		
2 <sup>nd</sup> hour Subject:	Anticipated Grade:	Absences:
<b>Teacher's comments/concerns:</b>		
<b>Teacher's Signature</b>		
3 <sup>rd</sup> hour Subject:	Anticipated Grade:	Absences:
<b>Teacher's comments/concerns:</b>		
<b>Teacher's Signature</b>		
4 <sup>th</sup> hour Subject:	Anticipated Grade:	Absences:
<b>Teacher's comments/concerns:</b>		
<b>Teacher's Signature</b>		
5 <sup>th</sup> hour Subject:	Anticipated Grade:	Absences:
<b>Teacher's comments/concerns:</b>		
<b>Teacher's Signature</b>		
6 <sup>th</sup> hour Subject:	Anticipated Grade:	Absences:
<b>Teacher's comments/concerns:</b>		
<b>Teacher's Signature</b>		
7 <sup>th</sup> hour Subject:	Anticipated Grade:	Absences:
<b>Teacher's comments/concerns:</b>		
<b>Teacher's Signature</b>		
8 <sup>th</sup> hour Subject:	Anticipated Grade:	Absences:
<b>Teacher's comments/concerns:</b>		
<b>Teacher's Signature</b>		
<b>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.</b>		