



Office of the District Attorney
18th Judicial District

MONTHLY REPORT

Return completed, signed report form to District Attorney's Office, Adult Diversion - 535 N. Main, Ste 235

Name: Address:

City: State: Zip:

Telephone: Living with (name and relationship)

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:

- Restitution \$
Court Costs \$
Jail Processing Fee \$
Attorney Fee \$
Lab Fee \$
Alcohol/Drug Safety Active Program Fee \$
Fine \$

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 form do you need more of? Check all that apply

- Report Forms Alcoholics Anonymous Forms Community Service Forms

Signature

Date

(this only applies if you're on DUI Diversion Program) If you 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: