



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

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

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

**MONTHLY REPORT**

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:**

- Restitution.....\$ \_\_\_\_\_
- Court Costs.....\$ \_\_\_\_\_
- 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 there is anything you wish to discuss with your Program Coordinator, please call 660-3663.

Additional Comments:  
\_\_\_\_\_