



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

Office of the District Attorney
18th Judicial District

Juvenile
1900 E. Morris
Wichita, Kansas 67211

MONTHLY REPORT

Name: _____ Address: _____

Phone number: _____ Who do you live with? _____

Name and Relationship (Spouse, Parent, Friend, etc)

IS THIS A NEW ADDRESS OR TELEPHONE NUMBER? Yes No

Present School: _____

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 below:

Explain below any disciplinary problems or suspensions you have had during this period:

Present employer: _____ 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: Yes No

Is yes, please explain: _____

Miscellaneous Activities: _____

Indicate any outside activities you are currently involved in: _____

Are you planning any trips, vacation, etc. which will take you out of town? Explain below:

List any counseling or treatment attended during this time period. **Please list type of treatment, name of facility, counselor's name and dates attended:** _____

Law Enforcement Contact: _____

Have you been arrested or had any contact with a law enforcement official since your last report? Yes No

If yes, explain: _____

If there is anything you have questions on regarding your diversion, indicate below:

Which forms do you need more of? Check all that apply: Report Forms Community Service Forms

Date: _____

APPLICANT'S SIGNATURE

PARENT'S SIGNATURE

PARENT'S SIGNATURE

GRADES: TEACHERSIGNATURE REQUIRED

1st hour: Subject: _____ Anticipated Grade: _____ Absences: _____

Teacher's comments/concerns:

Teacher's Signature _____

2nd hour: Subject: _____ Anticipated Grade: _____ Absences: _____

Teacher's comments/concerns:

Teacher's Signature _____

3rd hour: Subject: _____ Anticipated Grade: _____ Absences: _____

Teacher's comments/concerns:

Teacher's Signature _____

4th hour: Subject: _____ Anticipated Grade: _____ Absences: _____

Teacher's comments/concerns:

Teacher's Signature _____

5th hour: Subject: _____ Anticipated Grade: _____ Absences: _____

Teacher's comments/concerns:

Teacher's Signature _____

6th hour: Subject: _____ Anticipated Grade: _____ Absences: _____

Teacher's comments/concerns:

Teacher's Signature _____

7th hour: Subject: _____ Anticipated Grade: _____ Absences: _____

Teacher's comments/concerns:

Teacher's Signature _____

8th hour: Subject: _____ Anticipated Grade: _____ Absences: _____

Teacher's comments/concerns:

Teacher's Signature _____

**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.**