



Denise Janssen, Director
djanssen@co.seward.ne.us
Casey Tiemann, Coordinator
ctiemann@co.seward.ne.us

Sponsor Request Form

Provide the following information about your sponsor:

Name: Phone #: Years of Sobriety:
AA or NA affiliated? How many meetings a week do they attend?
Does your sponsor have a sponsor? How many people do they sponsor?
Are they involved in service work? YES NO If yes, list the type of service work they do:

Are they actively involved in 12-step functions? YES NO If yes, list the types of functions they attend:

Provide the following information about your relationship with your sponsor:

Where/how did you meet your sponsor? How long have they been your sponsor?
How often are you required to contact them? Do you attend meetings together? YES NO
If yes, how often? Do you attend 12-step functions together? YES NO
If yes, list the functions you have attended together:

Have you started to do 12-step work with your sponsor? YES NO If yes, please describe how you and your sponsor have set up doing your work (example: you meet once a week to go over the step you are working on):

What step are you currently working on? If none, please explain why you are not doing your 12-step work:

What is your plan of action related to your 12-step work?

Have you spoken with your sponsor about your plan of action? YES NO If no, explain why you have not done so:

Signature of Drug Program Participant Drug Program Participant Printed Name Date

For office use only: Sponsor was verified Approved Denied

Supervision Officer's Signature Date