



Seward County Pretrial Diversion

SEWARD COUNTY PRETRIAL DIVERSION

Serving Adults and Youth in Seward County

Denise Janssen, Director

MONTHLY REPORT FORM

Name: _____ Date: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

With whom are you living? _____

Relationship to you? _____

Have you moved since your last Diversion contact? Yes No

Have you had any contact with law enforcement? Yes No

If yes, please explain: _____

Have you consumed any alcohol or drugs this month? Yes No

If yes, please explain: _____

Are you on any prescription medication or over the counter medication? Yes No

If yes, please list medications and reasons for their use: _____

Have you completed any Diversion requirements this month? Yes No

If yes, which ones? _____

Have you had trouble meeting the conditions of your Diversion contract? Yes No

If yes, please list condition and reason why: _____

Are you a student? Yes No

List your employer or school: _____

Employer's phone#: _____ Location: _____

Did you work/attend school all the days possible this month? Yes No

If no, list reason for lost time: _____

of days missed: _____

Are you attending any counseling? Yes No

If yes, answer the following:

Location _____

Contact Person _____

How often per month? _____

Have you kept your appointments? Yes No

If no, why not? _____

Are you attending AA, NA or Alanon? Yes No

If yes, where and how often? _____

List any difficulties/problems you are having in your family, school or employment: _____

List one positive thing that happened to you this month: _____

Describe any requirements of your Diversion agreement that you have violated or are having problems with this month: _____

Additional comments: _____

I certify that the above information is true and correct.

Signature _____ Date _____

Please attach any diversion requirements that you have completed this month.

MAIL TO:
Seward County Pretrial Diversion
261 S 8th Street
Seward, NE 68434