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MAIL COMPLETED FORM TO:

HALL COUNTY JUVENILE SERVICES - 117 EAST 1ST ST, GRAND ISLAND NE 68801

(or FAX to 308-385-5165. You may also submit this form by e-mail (if e-mailed a signature is not required.)

ON THE 1st of EACH MONTH DURING DIVERSION CONTRACT

MONTHLY PROGRESS REPORT for

JUVENILE/DIVERSION ENROLLEE:

NAME _____ CONTRACT ENDING DATE _____
(please print)

Have you had any **law enforcement contact** (new arrests or citations issued) since your last report? ◯ Yes ◯ No
If yes, please contact the Juvenile Services Office immediately to schedule an appointment.

Has your **address or phone number** changed since your last progress report? ◯ Yes ◯ No
If yes, please provide your new address or phone number _____

Employment: Are your currently employed? ◯ Yes ◯ No Employer _____

Were **community service hours** required in your contract? ◯ Yes ◯ No
If yes, how many hours were required? _____
Have you scheduled a time and place to complete these hours? ◯ Yes ◯ No
Name of Agency _____
How many total hours have you completed? _____

Was a **drug/alcohol evaluation** required as part of your (MIP) diversion contract? ◯ Yes ◯ No
Have you scheduled or completed a drug/alcohol evaluation? ◯ Yes ◯ No
If yes, where _____ *Date of evaluation* _____
(After the evaluation is completed) Have you contacted an agency to complete the requirements of the recommendation of your evaluation? ◯ Yes ◯ No
If yes, where _____ Date of class/treatment _____

Was paying **restitution for damages** required in your diversion contract? ◯ Yes ◯ No
If yes, have you made any payments? ◯ Yes ◯ No *What amount have you paid and when?* _____

Were you required to complete **any other programs (such as Wise Guys; AA/NA meetings; Try Another Way; GED, MST; Tobacco Education; MADD/VIP class; counseling** . . .)? ◯ Yes ◯ No *If yes, please list any programs that you have scheduled or programs that you have attended and completed (include the date scheduled/completed)*

_____

Have you paid the Diversion **Program fee**? ◯ Yes ◯ No

PARENT/GUARDIAN:

Have there been any behavior problems with your son/daughter since the last progress report? ◯ Yes ◯ No
If yes, do you want the Hall County Juvenile Services Office to schedule an appointment to come in and discuss the situation?
Explain the situation/problems below:

_____

Date _____

_____ _____
Signature of Juvenile (Diversion Enrollee) Signature of Parent/Guardian (if under 18 years)

(If submitting by E-mail, you do not need to hand-sign this form.)

You may mail in any completed community service forms, NA/AA cards, program payment or other proof of program completions along with this form.

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