

Lamb County & District Attorney  
100 – 6<sup>TH</sup> DRIVE, ROOM 210  
LITTLEFIELD, TX 79339  
p806-485-0049 f806-485-0376  
dasec@co.lamb.tx.us

**PRE-TRIAL DIVERSION  
MONTHLY REPORT FORM**

\* Please fill out all information!

NAME: \_\_\_\_\_ HOME PH#: \_\_\_\_\_ CELL #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
Number & Street City County State Zip

PHYSICAL ADDRESS: \_\_\_\_\_

1. Do you have a job? \_\_\_\_\_ Is it Full Time? \_\_\_\_\_ Or Part Time? \_\_\_\_\_

2. Business or person you work for: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_ BUS PH#: \_\_\_\_\_ CELL #: \_\_\_\_\_

3. Work position: \_\_\_\_\_ Work days/hours: \_\_\_\_\_

4. Vehicle Description: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Tag # \_\_\_\_\_

5. Have you been charged with a criminal offense since your last report? No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes, state Where, When and Criminal Charge: \_\_\_\_\_

6. Did you make a payment today? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \$ \_\_\_\_\_

7. Are you behind on payments? Yes \_\_\_\_\_ No \_\_\_\_\_ Why? \_\_\_\_\_

\_\_\_\_\_  
Sign your Name Here Date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE: FOR DEPARTMENT USE ONLY**

Date Received: \_\_\_\_\_ Made by: Mail \_\_\_\_\_ Office Visit \_\_\_\_\_ Other \_\_\_\_\_

"Other", note exact method of delivery: \_\_\_\_\_

Initials of person accepting report: \_\_\_\_\_

**Report Forms are Due and should be received in the County Attorney's  
Office no later than the 7<sup>th</sup> of each month.**