



Seward County Pretrial Diversion

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