

**IN THE JUSTICE COURT FOR THE STATE OF OREGON
FOR THE COUNTY OF MARION**

4660 Portland Rd., NE Suite 107, Salem, OR 97305
(503) 576-7200

TRAFFIC SAFETY DIVERSION APPLICATION

1. I hereby apply for participation in the Traffic Safety Diversion Program.
2. I have no convictions or diversion for any motor vehicle violation (including DUII) within the three years immediately preceding the date of this citation.
3. I do not have a Commercial Drivers License.
4. I have no other pending motor vehicle citations in this or any other court.
5. There was not an accident associated with the alleged offense.
6. The traffic violation is not a Class A violation or a No Insurance citation.
7. This is not a Mobile Electronic Device violation.
8. I agree to plead No Contest to the traffic violation which I am currently charged.
9. I agree to pay the non-refundable presumptive fine for the offense which I have been charged and the traffic school fee.
10. Payment must be received before or on your scheduled court date.
11. I agree to attend and complete the court mandated traffic course and provide proof of completion within 90 days.
12. I understand that if I do not comply with the conditions of my diversion, the diversion will be terminated and I will be convicted of the offense. I also understand there will be NO extensions, NO exceptions.
13. I will keep the court advised of my current mailing address and telephone number during the 180 day diversion period.
14. If you are an out of state driver, contact the court for additional information.

First Name: _____

Last Name: _____

Middle Name(s): _____

E-Mail: _____

Phone Number: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Complaint / Summons No.: _____

Presumptive Fine: _____

Signature: _____

*The fine must be paid in full in order for the court to process the application

**Please allow four business days after receipt of application and fine payment for the court to reply with additional information.