

IN THE MUNICIPAL COURT OF THE CITY OF SALEM  
COUNTY OF MARION, STATE OF OREGON  
555 LIBERTY STREET SE, ROOM 215, SALEM, OREGON 97301

**Juvenile Driver Traffic Safety Diversion Application**

1. I hereby apply for participation in the Juvenile Driver Traffic Safety Diversion Program.
2. I have no convictions or diversion for any other motor vehicle violation (including DUII) within the five years immediately preceding the date of this citation.
3. I am under the age of 18, have a valid driver license and do not have commercial driving privileges.
4. I am currently a student at \_\_\_\_\_; \_\_\_\_ have graduated High School; or, \_\_\_\_ earned my GED.
5. I have no other pending motor vehicle citations in this or any other court.
6. The traffic violation is not a Class A violation.
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 minimum fine for the offense which I have been charged \_\_\_\_\_ and the traffic school fee.
10. I agree that I will not receive any traffic violations during the diversion period.
11. Payment must be received in full before the end of diversion on \_\_\_\_\_.
12. I agree to attend and complete the court mandated traffic course and provide proof of completion prior to the court date on \_\_\_\_\_. I will appear in person on that date to report to the court things I learned in the traffic school.
13. 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 extension, NO exceptions.
14. I will keep the court advised of my current mailing address and telephone number during the 120 day diversion period.

Citation/Case Number: _____
Full Name: _____
E-Mail: _____
Telephone Number: _____
Mailing Address: _____
Signature: _____