

**WAIVER
TO ACQUIRE INFORMATION FROM THE
MN DVS – DRIVER SERVICES**

I give permission to the State of Minnesota Department of Public Safety (MN DPS) and to release my driver's license records to Diversion Solutions (DS) for the purposes of participating in the Driving Diversion Program and to aid DS in the amounts outstanding to regain a full MN Drivers License. _____ **(initial)**

I give permission to any County or City in which it has been determined I owe fines or fees to release this information to DS for the purposes of participating in the Driving Diversion Program and to aid DS in the amounts outstanding to regain a full MN Drivers License. _____ **(initial)**

I have read and understand the Notice and Waiver of Rights on the reverse side of this form. _____ **(initial)**

Upon receiving information from the State, DS will contact you to establish your program requirements.

Please print first, middle and last name

Date

Drivers License or ID Number

Date of birth (MM/DD/YYYY)

Current Phone Number

Other Phone Number

Current Address: Street

City, State, Zip Code

Please sign name

To speed up the process

Fax front and back to:

1-651-385-4343

You MUST DIAL the "1" or the fax
will not go thru!

Email front and back to:

info@diversionsolutions.net

Mail signed waiver to:

DDP

PO Box 19

Red Wing, MN 55066

DS authorized signature

Date received

NOTICE AND WAIVER OF RIGHTS

I understand the crime(s) with which I have been charged, and further understand that my participation in the Driving Diversion Program (DDP) is voluntary _____ **(initial)**.

I understand that payment of outstanding fines through the DDP constitutes a guilty plea to all offenses charged on the citation(s) and voluntarily waives my rights in each of these cases to the following:

- To a trial by the court or to a jury
- To be represented by counsel
- To be presumed innocent until proven guilty beyond a reasonable doubt
- To either remain silent or to testify on my own behalf
- To confront and cross-examine all witnesses against me
- To subpoena witnesses

By signing this waiver, I understand that I am knowingly and voluntarily waiving these rights that are listed above _____ **(initial).**

NOTICE OF REPEAT VIOLATIONS

I understand that repeat violations of certain misdemeanor offenses, such as no proof of insurance (or a similar charge), may be charged as a gross misdemeanor with a maximum sentence of one year in jail and/or a \$3,000 fine _____ **(initial)**.

DDP and DS are not affiliated with the MN Judicial Branch
DDP and DS support you under 2009 Minn. Law ch59, art.3 Sec.4
with the support of participating City and County Attorneys