

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

I give permission to the State of Minnesota Department of Public Safety (MN DPS) 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 Driver's 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 Driver's 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
Driver's License or ID Number	Date of birth (MM/DD/YYYY)
Cell Phone Number – Carrier	Home Phone Number
Current Address: Street	City, State, Zip Code

\_\_\_\_\_  
**Please sign name**

DIVERSION SOLUTIONS, LLC

**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!

Mail signed waiver to:  
DDP  
PO Box 19  
Red Wing, MN 55066

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**Initials required on front and back**  
**Please read, sign, and initial on both sides**

## 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)**.

## PERMISSION TO CONTACT

I give permission to the Driving Diversion Program to contact me by telephone, email, mail or text regarding my file. \_\_\_\_\_ **(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