

**JACKSON COUNTY DEFERRED PROSECUTION AGREEMENT
FOR DRIVING WHILE REVOKED/SUSPENDED**

CASE #: _____

Name: _____ SS#: _____ DOB: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____

I, _____, understand that I have been charged with the offense of Driving While Revoked/Suspended, and further understand that the Jackson County Prosecuting Attorney is willing to defer prosecution against me for a period of eight months, providing I comply with the following requirements:

1. LAWS: I will obey all federal and state laws, county and municipal ordinances. I will report all arrests to my Supervising Officer within 48 hours. I also agree not to operate a motor vehicle unless properly licensed and insured.
2. RESIDENCE: I will notify my Supervising Officer of any change of residence within 48 hours.
3. REINSTATEMENT OF DRIVER'S LICENSE: I will obtain/reinstate my driver's license within eight months, including clearing all warrants, paying all fines, and meeting any and all other requirements for reinstatement. I will provide verification to my Supervising Officer upon reinstatement of my driver's license.
4. REPORTING: I agree to meet with my Supervising Officer initially to determine what is required to reinstate my driver's license and then meet with the supervising officer as directed.
5. FEE: I agree to pay \$200 to the Supervising Agency at the signing of this Diversion Agreement, or in the alternative, pay \$30 per month for eight months.
6. COSTS: If there are companion tickets, I agree to pay all fines and court costs associated with those tickets in full within six months of the date of this agreement.

Supervising Agency: ___ Midwest ADP ___ Northland Dependency Services

As part of my agreement to participate in the Prosecutor's Diversion Program I am waiving any right I may have to a jury trial and/or a speedy trial. Further, as part of this agreement I am stipulating to the testimony of the arresting officer that on the date charged on the above referenced ticket that I knowingly operated a motor vehicle knowing that my driving privilege had been cancelled, suspended or revoked under the laws of the State of Missouri or any other State. Initials: ___

I hereby expressly waive any rights or privileges granted me by Sections 610.100 RSMO 1986, insofar as such sections deal with records of any arrest, detention, and the terms of this Deferred Prosecution Agreement. I fully understand that I have a right to counsel and have consulted with an attorney before entering into this agreement. Further, by my signature hereto, I authorize the release of closed criminal record information to the supervising agency for the term of supervision set by the Prosecuting Attorney, or until final disposition of my case by the Court.

I understand that if I fail to comply with any of the above stated requirements the diversion program can be discontinued and my case will be place on the Court's trial docket at the sole discretion the Jackson County Prosecuting Attorney's Office.

The Jackson County Prosecutor's Office agrees that if I comply with the above requirements my case will be dismissed at the conclusion of the diversion period and upon notice of fulfillment of my obligations under this program including reinstatement of my driving privileges.

Signed:

Date:

Witnessed:

Date:

Prosecuting Attorney: