



Valley County Court Services  
550 Deinhard Lane  
McCall, Idaho 83638  
(208) 634-5652

## Adult Diversion Program DIVERSION AGREEMENT

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OFFENSE: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Case #: \_\_\_\_\_

### TERMS OF AGREEMENT

- \_\_\_\_ Pay a one-time non-refundable program fee of \$165.00 **within 30 days** of signing this agreement.
- \_\_\_\_ Complete a substance abuse assessment **within 30 days** and follow the recommendations of the assessment.  
Note: It is the client's responsibility to schedule and complete the assessment.
- \_\_\_\_ Must complete a minimum of 8 hours Substance Abuse Education classes. Note: It is the client's responsibility to schedule and complete the classes **within 90 days** from signing of the Court order.
- \_\_\_\_ Complete a Letter(s) of Apology to, \_\_\_\_\_, and submit to Diversion Coordinator **within 30 days**.
- \_\_\_\_ Pay restitution in the amount of \$ \_\_\_\_\_ **within 60 days**. Restitution payment will be arranged with Diversion Coordinator to be disbursed to victim(s):  
\_\_\_\_\_
- \_\_\_\_ Complete a 500 word essay on the following topic: "How my crime affects the community". This is to be completed **within 60 days** and submitted to the Diversion Coordinator.
- \_\_\_\_ Complete Defensive Driving Course through the National Traffic Safety Institute (ntsi.com) **within 90 days**.
- \_\_\_\_ Must Complete \_\_\_\_\_ hours of community service **no later than** \_\_\_\_\_.
- \_\_\_\_ Contact the Diversion Coordinator every month to report my progress and immediately inform him/her of any changes of address and/or phone numbers. I must also immediately contact the Valley County Court Clerks' office to report any change of Address.
- \_\_\_\_ Commit no new crimes, or be charged with new crimes, as evidenced by citation, criminal complaint or personal admission.
- \_\_\_\_ Report all Law Enforcement contacts (even traffic violations) to Diversion Coordinator, in writing, within 72 hours.
- \_\_\_\_ Program length is six (6) months beginning at the time of signing of the Court order.
- \_\_\_\_ Submit to random drug and alcohol testing as requested by Diversion Coordinator or Law Enforcement.
- \_\_\_\_ Refuse no evidentiary test for drugs or alcohol with or without probable cause or reasonable suspicion.
- \_\_\_\_ Possess or Consume no drugs that are deemed illegal in Idaho.
- \_\_\_\_ Other \_\_\_\_\_

I have read, or have had read to me, the above agreement. I understand and accept the Terms of this Agreement and the Diversion Program. I agree to abide by and conform to them and understand that my failure to do so will result in the revocation of the Diversion Program and may result in a full judgment of conviction.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Diversion Coordinator

\_\_\_\_\_  
Date