

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<i>FOR COURT USE ONLY</i>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PLAINTIFF PEOPLE OF THE STATE OF CALIFORNIA	
DEFENDANT	
<b>REQUEST FOR MILITARY DIVERSION;          ADVISAL AND WAIVER OF RIGHTS</b>	CASE NUMBER _____

Defendant: Initial each statement below.

1. \_\_\_\_\_ I am the defendant in the above-captioned case, which charges the following misdemeanor / felony violation(s) for which I am requesting Military Diversion (Pen. Code, § 1001.80): \_\_\_\_\_.
2. \_\_\_\_\_ I have been advised of, understand, and waive my right to a speedy trial in this case.
3. \_\_\_\_\_ I understand that to be granted Military Diversion, I am required to provide an assessment or other evidence confirming I am a current or former member of the military and may be suffering from sexual trauma, traumatic brain injury, post-traumatic stress disorder, substance abuse, or mental health problem, as a result of my military service. I understand I am also required to provide a recommended treatment plan for my sexual trauma, traumatic brain injury, post-traumatic stress disorder, substance abuse, or mental health problems.
4. \_\_\_\_\_ I understand that the Military Diversion program, if granted, will be no longer than two years and will include a court-ordered treatment program.
5. \_\_\_\_\_ I understand that if accepted into the Military Diversion program, failure to comply with the terms of the Military Diversion program may result in reinstatement of criminal proceedings.
6. \_\_\_\_\_ I understand that if I am arrested or charged with a new criminal offense while participating in the Military Diversion program, criminal proceedings in this case may be reinstated and I may be found no longer eligible for Military Diversion.
7. \_\_\_\_\_ I understand that if I perform satisfactorily during the period of Military Diversion, the court will dismiss the criminal charges. I understand that, upon successful completion of the Military Diversion program, the arrest upon which the diversion was based shall be deemed to have never occurred, except as stated in statement 8, below.
8. \_\_\_\_\_ I have been advised and understand that, regardless of my successful completion of Military Diversion, the arrest upon which the diversion was based may be disclosed by the Department of Justice in response to a peace officer application request, and that I am still obligated to disclose the arrest in response to a direct question contained in a questionnaire or application for a position as a peace officer, as defined in Penal Code section 830.

I declare under penalty of perjury under the laws of the State of California that I have read and understand each of the foregoing eight statements, and by initialing each statement I agree to their contents.

Date: \_\_\_\_\_

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Signature of Defendant