

DIVERSION OPPORTUNITY DOCUMENTATION

Date: _____ **Report No.:** _____ **Suspect:** _____ **DOB:** _____
Reporting Officer: _____ **Agency:** ___ CPD ___ EWU ___ SPD

A police officer has determined that there is probable cause to believe you are in possession of a controlled substance in violation of Washington State law. RCW 69.50.4011, 69.50.4013, 69.50.4014, or 69.41.030.

You are being offered an opportunity to avoid criminal charges if you agree to get a drug/alcohol evaluation and services. This form contains a list of treatment agencies, but there may be other places available to provide you services. It is your responsibility to choose a provider, schedule an appointment, and participate in treatment. Costs associated with any treatment are your responsibility. However, there may be resources available to help cover these costs.

You are entitled to defer **TWO** possession-related offenses. This documentation may be used to establish that you have been provided deferral opportunities.

If you wish to go to treatment, your acceptance of deferral will be recorded in the police records and you will NOT face misdemeanor drug charges as a result of this incident. If you chose NOT to seek treatment, you will be charged with a misdemeanor and must appear in court. Entering into a deferral is completely voluntary and you are not required to do so.

This agreement is not an admission of guilt and is not an admission that you possessed an illegal drug.

_____ I understand that this deferral is voluntary, is not an admission of guilt, and I understand my right to a deferral.

_____ I DO agree to seek treatment and enter a deferral to avoid criminal charges.

_____ I DO not agree to seek treatment and would prefer to be issued a criminal citation and go to court.

Date: _____ Signature: _____

Printed Name _____

Mailing Address: _____ City _____ State _____ Zip _____

Phone Number: _____

There is probable cause to cite the above-named person with a violation of RCW 69.50.4011, 69.50.4013, 69.50.4014, or 69.41.030. I have provided the opportunity for a diversion. The person ___ did ___ DID NOT wish to defer this matter. I certify under the penalty of perjury of the laws of the State of Washington that the foregoing is true and correct.

Signature of Officer: _____ Date: _____ Place: _____ (City/County)

AGENCY	ADDRESS	PHONE	TREATMENT TYPE
ADEPT	1321 N. ASH, SPOKANE	(509)844-9681	ALC/DRUG
AT PARR	124 E. AUGUSTA, SPOKANE	(509)325-0777	ALC/DRUG
Breakthrough Recovery	11711 E. SPRAGUE, SPOKANE	(509)927-6838	ALC/DRUG/MENTAL HEALTH
ABHS	44 E. COZZA DR., SPOKANE	(509)325-6800	ALC/DRUG
CAMAS	934 S. GARFIELD, AIRWAY HEIGHTS	(509)789-7630	ALC/DRUG
Colonial Clinic	910 N. WASHINGTON, STE 210, SPOKANE	(509)327-9831	ALC/DRUG/MENTAL HEALTH
Pioneer Counseling	910 W. BOONE AVE, SPOKANE	(509)325-7231	ALC/DRUG/MENTAL HEALTH
Riverside Recovery	3710 N. MONROE, SPOKANE	(509)328-5234	ALC/DRUG
SPARC	1508 W. 6 th , SPOKANE	(509)624-5288	ALC/DRUG/MENTAL HEALTH
STOP	104 S. FREYA, STE. 206, SPOKANE	(509)927-3668	ALC/DRUG/MENTAL HEALTH
Veterans Medical	4815 N. ASSEMBLY SPOKANE	(509)960-7938	ALC/DRUG/MENTAL HEALTH
YFA	22 S. THOR, SPOKANE	(509)532-2000	ALC/DRUG/MENTAL HEALTH