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**TRAFFIC DIVERSION PROGRAM
VOLUNTARY REQUEST AND ACKNOWLEDGEMNT FORM**

I acknowledge that I have elected to have my traffic citation below entered in the Traffic Diversion Program administered by the 42nd Judicial District Attorney's Office. I make this decision voluntarily and by my own free will. This decision is contingent upon my prompt and faithful execution of the following conditions. I agree to each decision completely.

- I certify that I have carefully read the driver safety information on this website or by the paper documentation from the D.A.'s office.
- I will drive safely to avoid receiving any moving traffic citations.
- If mailing my diversion, I have enclosed a **MONEY ORDER OR CASHIER'S CHECK** for the **EXACT AMOUNT** made payable to the **DeSoto D.A.**
- If I am paying by **Credit Card** I agree to pay the **EXACT AMOUNT** using this website and **I agree to hold the District Attorney's office harmless if my transaction is declined or my credit card is compromised.**
- I have signed and enclosed this form with my payment or agree to the credit card disclosure indicated by the Credit Card Processor.

The diversion program terminates one year from this date. **If I have satisfactorily completed the above conditions, my traffic citation will be dismissed.**

Note: Please fill out the section below and return the form provided by the D.A.'s office unless you have paid by credit card and agree to the stipulations presented on the website.

Signature

Date Signed

Printed Name: _____

Ticket Number: _____

Court Date: _____

Contact Phone: _____

Mailing Address: _____