

**IN THE MUNICIPAL COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF CLACKAMAS  
CITY OF MOLALLA**

State of Oregon

Case No: \_\_\_\_\_

v.

**MOTION TO EXTEND DUII  
DIVERSION PERIOD,  
and DECLARATION IN SUPPORT**

\_\_\_\_\_  
Defendant

**MOTION**

I am the defendant in this case and I ask the court to extend my diversion agreement for \_\_\_\_\_ (insert time that is not longer than 180 days; however, if you are active military personnel, then insert time that will allow you to complete the diversion agreement)

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**DECLARATION IN SUPPORT**

1. I have made a good faith effort to complete the conditions of the diversion agreement

a. I have completed the following conditions of the diversion agreement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. I have not completed the following conditions of the diversion agreement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. I have not completed the diversion conditions listed in “b” above because (*explain*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. I will be able to complete the conditions of the diversion agreement within the extended period because (*explain*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. I have not asked for or been granted any previous extension of the diversion agreement under ORS 813.225 (except as necessary to accommodate military service)

4. I understand that:
- a. If I fully comply with the conditions of the diversion agreement within the extended diversion period, the court may dismiss the charge with prejudice if I file a motion under ORS 813.250
  - b. If I fail to comply with the diversion agreement within the extended diversion period, the court will enter a judgment of conviction on the DUII charge and proceed to sentence me without a trial

5.  I am a member of the Armed Forces of the United States, the reserve components of the Armed Forces of the United States, or the National Guard. I have been called to active duty or received orders that I will be called to active duty. The military service will prevent me from completing the conditions of the diversion agreement and no comparable treatment program is available because *(explain)*:

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**I hereby declare that the above statements are true to the best of my knowledge and belief. I understand they are made for use as evidence in court and I am subject to penalty for perjury.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (typed or printed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone Number