

# Child Passenger Safety Education and Diversion Program

**Technician Instructions:**

1. Complete Section A with defendant in person or via phone when appointment is scheduled.
2. Complete Section B and Program Confirmation after defendant has successfully completed program. (Verify defendant ID with a photo driver's license at time of appointment).
3. Make additional comments on the back if necessary.
4. Fax or email this form to the Wisconsin Rapids Municipal Court.  
 Fax: Attn: Karen Bertolini (715) 423-4408  
 Email: kbertolini@wirapids.org

---

Last Name	First Name	Middle Initial	Date of Birth
-----------	------------	----------------	---------------

---

Address

---

City	State	Zip Code
------	-------	----------

Citation number (located on the top of the citation): \_\_\_\_\_

Section A

**APPOINTMENT INFORMATION**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 \_\_: \_\_ a.m. p.m.

**Read to offender:**

**THIS WILL BE YOUR ONLY NOTICE**

Participation in this diversion program is voluntary. By choosing to participate in this diversion program you are admitting guilt to the offense as listed on your citation. Successful completion of the program may result in a finding of 'guilty' and the forfeiture may be waived. The offense itself will still appear on your driving record. Failure to successfully complete the program will mean that you need to address your rights and obligations pertaining to the citation as set forth on the citation. If you have questions regarding your rights or options in responding to this citation, contact the Municipal Court Clerk at (715) 421-6212.

---

Based on the above named defendant's compliance with the Child Passenger Safety Seat Diversion Program, it is recommended by the prosecuting agency that the citation forfeiture be waived.

Appointment completed date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of technician who completed appointment with defendant: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Department: \_\_\_\_\_

Section B

---

**To be completed by the court:**

Pursuant to the above, the citation forfeiture of \$ \_\_\_\_ . \_\_\_\_ is waived.

Section C

---

Judge	Date
-------	------

# Child Passenger Safety Education and Diversion Program Program Completion Confirmation

## Notice to Defendant:

Participation in this diversion program is voluntary. By choosing to participate in this diversion program you are admitting guilt to the offense as listed on your citation. Successful completion of the program may result in the court entering a judgment of 'guilty' for this citation and the forfeiture may be waived. The offense itself will still appear on your driving record. Any future child passenger safety violations will be considered 2<sup>nd</sup> or subsequent offenses and you will not have the option of participating in this diversion program.

**The Wisconsin Rapids Municipal Court reserves the right to decline to waive the citation forfeiture if;**

- You have not successfully completed the diversion program appointment.
- You have not successfully completed the diversion program prior to or within 60 days of the court date listed on your citation.
- You were not eligible for participation in this program. (Participation in this program is a voluntary option available to persons cited for first offense child safety seat or child seat belt violations).

---

Based on your compliance with the Child Passenger Safety Seat Diversion Program, it is the recommendation by the prosecuting agency that the citation forfeiture be waived.

Appointment completed date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Defendant name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Citation number: \_\_\_\_\_

Signature of technician who completed appointment with defendant: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Department: \_\_\_\_\_

If you have questions about the status of your citation, contact the Municipal Court Clerk:

Wisconsin Rapids Municipal Court  
444 W Grand Avenue  
Wisconsin Rapids, WI 54495  
(715) 421-6212

DEFENDANT COPY