

SUPERIOR COURT OF CALIFORNIA, COUNTY OF		FOR COURT USE ONLY
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
NAME OF DEFENDANT:		
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
DATE OF COURT ORDER:		
(check one):		
<input type="checkbox"/> PROOF OF ENROLLMENT IN ALCOHOL OR DRUG PROGRAM		
<input type="checkbox"/> PROOF OF COMPLETION OF ALCOHOL OR DRUG PROGRAM		
		CASE NUMBER:

DESCRIPTION OF ALCOHOL OR DRUG PROGRAM	
Name of program:	
Address of program:	
Program license number:	Program telephone number:

PROOF OF ENROLLMENT

1. Defendant (name): _____ enrolled in the alcohol or drug education program
described above on (specify date of enrollment): _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____



(SIGNATURE OF DEFENDANT)

Date: _____



(SIGNATURE OF PROGRAM DIRECTOR OR INSTRUCTOR)

(TITLE) _____

PROOF OF COMPLETION

2. Defendant (name): _____ successfully completed the alcohol or drug education
program described above on (specify date of completion): _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____



(SIGNATURE OF DEFENDANT)

Date: _____



(SIGNATURE OF PROGRAM DIRECTOR OR INSTRUCTOR)

(TITLE) _____

— INSTRUCTIONS —**YOU NEED TWO OF THESE FORMS:**

1. UPON ENROLLMENT IN A COURT-ORDERED ALCOHOL OR DRUG EDUCATION PROGRAM, FILL OUT THE PROOF OF ENROLLMENT PORTION OF ONE COPY OF THIS FORM AND FURNISH IT TO THE SENTENCING COURT WITHIN THE TIME AND IN THE MANNER SPECIFIED BY THE COURT.
2. UPON SUCCESSFUL COMPLETION OF THE PROGRAM, FILL OUT THE PROOF OF COMPLETION PORTION OF A SECOND COPY OF THIS FORM AND FURNISH IT TO THE SENTENCING COURT WITHIN THE TIME AND IN THE MANNER SPECIFIED BY THE COURT.

FAILURE TO COMPLY WITH THESE REQUIREMENTS MAY RESULT IN THE REVOCATION OF YOUR PROBATION.

SI USTED NO CUMPLE CON ESTOS REQUISITOS, SU INCUMPLIMIENTO PUEDE RESULTAR EN LA REVOCACION DE SU LIBERTAD CONDICIONAL.