

SUPERIOR COURT OF CALIFORNIA, COUNTY OF			FOR COURT USE ONLY
STREET ADDRESS:			
MAILING ADDRESS:			
CITY:	STATE:	ZIP CODE:	
BRANCH NAME:			
NAME OF DEFENDANT:			
STREET ADDRESS:			
MAILING ADDRESS:			
CITY:	STATE:	ZIP CODE:	
TELEPHONE NO.:	FAX NO.:		
EMAIL ADDRESS:			
DRIVER'S LICENSE NO.:			
DATE OF COURT ORDER:			
IGNITION INTERLOCK CALIBRATION VERIFICATION			CASE NUMBER:

1. Defendant's name: _____

2. Installer's name: _____

Address:

City:

State:

Zip Code:

Telephone no.:

3. Vehicles: Make Model Year Color License Plate No. VIN:

a.

b.

c.

4. Installation date: a. b. c.

5. Odometer reading: a. b. c.

6. Calibration setting: a. b. c.

7. Unit serial no.: a. b. c.

8. Program to end (date): _____

9. The system is in calibration a. b. c.

10. The system has been inspected and is functioning properly. a. b. c.

11. Payment of \$ + sales tax \$ Total collected \$ paid by

a. Credit card

b. Money order/cashier's check/certified check

c. Cash/personal check

I declare that the information provided is true and correct.

Date: _____

(SIGNATURE OF INSTALLER)

DEFENDANT: Your next monitoring check is (date): _____. If you have not had your system serviced within a few days after a missed monitoring check, the system will shut down and you will be unable to start your car. It will be your responsibility to have your car towed to the calibration location. You may also owe a missed appointment fee.

Your next payment of \$ _____ is due at the above monitoring check. Payment must be made in full before service is performed. If payment is not made, the system may shut down and you may not be able to start your car. This will result in a service call that will be your responsibility. You may be required to make an additional payment for late payments.

I acknowledge receipt of a copy of this form.

Date: _____

(SIGNATURE OF DEFENDANT)

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