

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

1. Vehicles:

<u>Make</u>	<u>Model</u>	<u>Year</u>	<u>Color</u>	<u>License Plate No. and/or VIN</u>
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- a.
- b.
- c.

2. The defendant failed to comply with a requirement for the maintenance or calibration of the ignition interlock device installed in the vehicle indicated below on three or more occasions:

<u>Vehicles</u>	<u>Date</u>	<u>Describe Noncompliance</u>
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- a. b. c.
- a. b. c.
- a. b. c.

3. The ignition interlock device installed in the vehicle indicated below showed evidence of:

<u>Vehicles</u>	<u>Date</u>	<u>Removal</u>	<u>Attempt to bypass</u>	<u>Attempt to remove</u>	<u>Tampering</u>
<input type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. I declare that the information provided is true and correct.

Date: _____



(SIGNATURE OF FACILITY MONITOR)

Name of facility monitor (*specify*):Name of facility (*specify*):Address of facility (*specify*):Telephone number of facility (*specify*):