

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.: _____			
DATE OF COURT ORDER:			
IGNITION INTERLOCK INSTALLATION VERIFICATION			CASE NUMBER: _____

1. Manufacturer:
2. Facility Location (*address*):
3. Vehicles:

<u>Make</u>	<u>Model</u>	<u>Year</u>	<u>Color</u>	<u>License Plate No.</u>	<u>VIN:</u>
a.					
b.					
c.					
4. Serial nos. of units:	a.	b.		c.	
5. Odometer reading:	a.	b.		c.	
6. Date of installation:	a.	b.		c.	
7. Date of next monitor check:	a.	b.		c.	

I declare that the information provided is true and correct.

Date: _____

(TYPE OR PRINT NAME OF INSTALLER)



(SIGNATURE OF INSTALLER)

Defendant: return a completed and signed form to the court.

For installer use only: