

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA			<i>FOR COURT USE ONLY</i>
<input type="checkbox"/> LOMPOC DIVISION 115 Civic Center Plaza, Lompoc, CA 93436	<input type="checkbox"/> MILLER DIVISION 312-M E. Cook St., Santa Maria, CA 93454	Dept. _____	
PLAINTIFF: People of the State of California			
DEFENDANT: _____			
ADDRESS: _____ _____			
Charge(s): _____ <input type="checkbox"/> Misd. <input type="checkbox"/> Felony Date of Birth: _____			
COURT ORDERED PROGRAM NOTICE OF NON-COMPLIANCE			CASE NUMBER: _____

DEFENDANT: NOTICE OF HEARING: You are hereby notified to appear in the Superior Court (checked above) on _____ at _____ a.m., to respond to an alleged violation of your court ordered program as indicated below. Upon your arrival at the court, please check the posted court calendar for your name. If it does not appear, inquire in the Clerk's Office immediately.

FAILURE TO APPEAR MAY RESULT IN A WARRANT ISSUING FOR YOUR ARREST.

Reason(s) for Non-Compliance:

- | | |
|---|---|
| <input type="checkbox"/> Failure to enroll
<input type="checkbox"/> Failure to pay program fees
<input type="checkbox"/> Failure to complete program
<input type="checkbox"/> Other (specify in comments)
Comments: _____

_____ | <input type="checkbox"/> Failure to provide out-of-county proof of enrollment
<input type="checkbox"/> Failure to comply with program rules and regulations
<input type="checkbox"/> Acts of violence: Threats, unlawful activity against others
<input type="checkbox"/> Violation: Subsequent alcohol or drug related offense
<input type="checkbox"/> Positive urinalysis test for _____ |
|---|---|

Program: PC 1000

<input type="checkbox"/> Coast Valley Substance Abuse Center	1414 S. Miller, Suite 11, Santa Maria, CA 93455	Phone (805) 739-1512
<input type="checkbox"/> Coast Valley Substance Abuse Center	1133 North H Street, Suite F, Lompoc, CA 93436	Phone (805) 322-8014

Certificate of Service

I declare under penalty of perjury under the laws of the State of California, that the above information is true and correct to the best of my knowledge and ability. I certify that this Notice of Non-Compliance was mailed first class, postage prepaid, in a sealed envelope to the defendant at the address shown above on the date shown below. Hand delivered in office

_____ Program Representative _____ Program Name _____ Date