SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA			FOR COURT USE ONLY
☐ **LOMPOC DIVISION** 115 Civic Center Plaza, Lompoc, CA 93436	☐ **MILLER DIVISION** 312-M E. Cook St., Santa Maria, CA 93454	**Dept.** _____	
PLAINTIFF: People of the State of California DEFENDANT: _____ ADDRESS: _____ _____ Charge(s): ☐ Misd. ☐ 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:

☐ Failure to enroll
☐ Failure to pay program fees
☐ Failure to complete program
☐ Other (specify in comments)

☐ Failure to provide out-of-county proof of enrollment
☐ Failure to comply with program rules and regulations
☐ Acts of violence: Threats, unlawful activity against others
☐ Violation: Subsequent alcohol or drug related offense
☐ Positive urinalysis test for _____

Comments:

_____

_____

_____

Program: PC 1000

☐ Coast Valley Substance Abuse Center	1414 S. Miller, Suite 11, Santa Maria, CA 93455	Phone (805) 739-1512
☐ 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