

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA

☐ **LOMPOC DIVISION**
115 Civic Center Plaza, Lompoc, CA 93436

☐ **MILLER DIVISION**
312-M E. Cook St., Santa Maria, CA 93454

Dept. _____

☐ In Custody

People of the State of California,
vs.

Plaintiff,

Case # _____

,Defendant

ORDER GRANTING DEFERRED ENTRY OF JUDGMENT (PC 1000 *et seq.*)

The defendant represents that he or she has been fully advised of and understands all his or her constitutional and statutory rights, including the right to speedy trial and a speedy preliminary hearing, if charged with a felony. The defendant consents to and requests consideration for deferred entry of judgment, pleads GUILTY or NO CONTEST to section(s) _____ ☐ Misd. ☐ Felony and waives time for pronouncement of judgment.

The district attorney has reviewed his or her file, declares that the above-named defendant meets the criteria specified in Penal Code §1000(a)(1)-(6), and finds that the defendant is eligible for consideration for deferred entry of judgment.

Dated: _____

Deputy District Attorney

☐ The probation officer has conducted an investigation pursuant to Penal Code §1000.1(b), has determined that the defendant would benefit from the licensed program checked below and recommends that the defendant be granted deferred entry of judgment under the terms specified below.

☐ The defendant failed to report to Probation as directed. ☐ Defendant not eligible.

Dated: _____

Probation Officer

THE COURT FINDS that the defendant has been advised of, fully understands and voluntarily waives all of his or her constitutional and statutory rights including the right to a speedy trial and a speedy preliminary hearing, if charged with a felony. The court further finds that the defendant is a person who consents to and would benefit from a grant of deferred entry of judgment.

THEREFORE, IT IS ORDERED THAT the defendant's plea of GUILTY or NO CONTEST be accepted and that entry of judgment be deferred for no less than 18 months nor longer than three years on condition that the defendant obey all of the following terms and conditions:

1. Contact the treatment program checked below within 7 days and complete enrollment within 30 days.

☐ Aegis Treatment Center	115 E. Fesler St., Santa Maria, CA 93454	Phone (805) 922-6597
☐ Coast Valley Substance Abuse Center	1125 E. Clark Ave., Ste A2, Santa Maria, CA 93455	Phone (805) 739-1512
☐ Coast Valley Substance Abuse Center	1133 North H St. Suite F, Lompoc, CA 93436	Phone (805) 322-8014

2. Keep the Treatment Program advised of any change in residence address, employment, and any new arrests.
3. Actively participate in, pay for, and successfully complete this treatment program as directed.
4. Obey all laws.
5. Return to the Superior Court (checked above) on _____ at _____ a.m./p.m. for a hearing to review progress in the treatment program. The treatment program shall provide a progress report to the court.
6. Pay a diversion restitution fee to the Clerk of the Court in the amount of \$100 by _____ (1001.90 PC).
7. Do not use or possess any drugs or narcotics controlled by law, unless prescribed for treatment by a licensed physician, and then only in the amounts prescribed.
8. Submit to drug testing as directed by the Probation Officer, Drug Counselor, or any Law Enforcement Agency.
9. Other: _____

The Court may terminate this deferred entry of judgment upon a finding that the defendant has violated any term of this order, is not performing satisfactorily in the program, is not benefiting from the education, treatment, or rehabilitation provided by the program, or has engaged in any criminal conduct rendering him or her unsuitable for deferred entry of judgment. In such event, the court will render the finding of guilt and schedule a sentencing hearing.

Dated: _____

Judge/Commissioner of the Superior Court

ACCEPTANCE BY DEFENDANT: I have received a copy of this Order Granting Deferred Entry of Judgment, understand each of its terms and conditions, and agree to abide by them.

Dated: _____

Defendant's signature: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____ Phone # _____

Date of Birth: _____ Driver's License #: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____