

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA		<i>FOR COURT USE ONLY</i>
STREET ADDRESS: 118 East Figueroa Street MAILING ADDRESS: CITY AND ZIP CODE: Santa Barbara, CA 93101 BRANCH NAME: Criminal Division	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, Criminal Division 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 provide out-of-county proof of enrollment |
| <input type="checkbox"/> Failure to pay program fees | <input type="checkbox"/> Failure to comply with program rules and regulations |
| <input type="checkbox"/> Failure to complete program | <input type="checkbox"/> Acts of violence: Threats, unlawful activity against others |
| <input type="checkbox"/> Other (specify in comments) | <input type="checkbox"/> Violation: Subsequent alcohol or drug related offense |
| | <input type="checkbox"/> Positive urinalysis test for _____ |

Comments:

Program: PC 1000

<input type="checkbox"/> Council on Alcoholism and Drug Abuse	<input type="checkbox"/> 232 E. Canon Perdido, Santa Barbara, CA 93101	Phone (805) 963-1433
<input type="checkbox"/> Zona Seca	<input type="checkbox"/> 26 W. Figueroa St., Santa Barbara, CA 93101	Phone (805) 963-8961

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