

SUPERIOR COURT OF CALIFORNIA, COUNTY OF MENDOCINO

SUMMARY PROBATION ORDER

BRANCH: Ukiah Ten Mile

THE PEOPLE OF THE STATE OF CALIFORNIA vs

Case Number: MCUK CRTR 17-90800 Violation Date: 7/4/17

The above named defendant having been convicted of a misdemeanor violation of Section: 23152(b) VC

IT IS HEREBY ORDERED:

Imposition of Judgment be suspended and Summary Probation be granted for: 36 MO Months

PROGRAM TERMS - Defendant shall:

Appear on _____ at _____ Dept _____ re: _____

JAIL

1. Be IMPRISONED in the County Jail in a clean and sober condition: CONSECUTIVE/CONCURRENT TO CASES: _____

For 48 Days/Hrs commencing _____
 May be served in any penal institution
 Defendant given credit for 197 days/hrs served 90/25/17
 Days/hrs suspended _____
 Work release/Work furlough authorized _____

FINES/FEES

2. PAY fine and assessment of \$ 222.00 suspended. Plus Admin. Fee \$ _____
 Def. given credit of _____ Hrs/Days jail towards fine.
 Fine to be paid in installments of \$ _____ Per Mo beg: _____

Pay Admin. Fees as follows:

Pay _____ Criminalistic Lab Fund (11372.5HS)
 Pay _____ Drug Program Fee (11372.7HS)
 Pay 25 (1463.07 PC Screening Fee)
 Pay 40 (1463.07 PC Cite Fee)
 Pay 30 Court Assessment Fee (1465.8PC)
 Pay _____ Criminal Conv Assess (70373GC)
 Pay _____ Preservation Fee (12021FG)

SEE COLLECTIONS DEPT TODAY (See address Pg 2)

Clerk of this Court. (See address Pg 2)

FINE TO BE PAID BY: _____

MAKE RESTITUTION in the sum of \$ _____

or in an amount to be determined by Collections Dept

Payable to _____

Restitution to be reserved.

Defendant shall pay restitution fine pursuant to 1202.4PC \$ 150 See Collections Dept

If in custody, see Collections Dept w/ 10 days of release.

PROGRAM TERMS:

NAME: _____

ATTEND AA/NA MEETINGS _____ times/week for _____
 FIRST OFFENDER DUI Program (3 mos/9 mos) and Enroll within 21 days. *BAC .12/12
 Wet Reckless
 MULTIPLE OFFENDER (1-1/2 years) alcohol treatment program and enroll within 21 days BAC _____

PROGRAM TERMS (Cont.)

Out of County Alcohol Program Authorized
 Defendant shall pay restitution fine pursuant to 1202.44PC in the Amt of \$ 150 Stayed. Effective only upon revocation of probation or conditional sentence
 AIDS/DRUG COUNSELING/MENTAL HEALTH
 COMMUNITY SERVICE, Perform _____ Hours
In lieu of fine \$ _____ as standard condition.
 MLAS (Room 209, Ukiah) - Enroll by 4pm w/i _____ (See address Pg2)
 Attend Anger Management Program
 Other _____
 Court authorizes day for day credit towards jail time upon successful completion of residential treatment program
 Provide proof of enrollment/completion to court within 30 days

DRIVING TERMS:

Your driving privilege is:
 Restricted Suspended Revoked
 For _____ days/months/years
 Effective _____ (Upon reinstatement by DMV)
 DO NOT DRIVE WITHOUT A VALID LICENSE AND INSURANCE IN POSSESSION
 Do not drive any vehicle without having first installed and ignition interlock device (IID). For a period of _____

OTHER TERMS

OBEY ALL LAWS and all Orders of the Court
 Do not commit same or similar offense
 Totally abstain from use of alcoholic beverage or other drugs, and do not go to places where alcohol is the chief item of sale
 Do not drive a vehicle with a measurable amount of alcohol in your blood
 Submit to testing of blood (including blood draw), breath and/or urine, without a search warrant
 If driving, submit to testing of blood (including a blood draw) and/or breath, without a search warrant
 Submit person, vehicle, place of residence or area over which you have control to search and seizure of narcotics, drugs, or other contraband at any time of day or night, with or without search warrant without prior notice by any peace officer
 Do not own, possess or control any firearm
 Do not annoy, harass or threaten _____
 Keep court informed of current address
 Stay away from _____
 See attached Gang terms See attached F&G terms

ADDITIONAL CONDITIONS

* If BAC is less than .20=3 mo. DUI program. If BAC is .20 or greater or chemical testing is refused=9 mo. DUI program.

Upon satisfactory completion of probation, you may apply to the Court to have you _____ of the Penal Code. 9.13.17 (Date) _____ (Judge)

I have read and received a copy of these conditions of probation and I understand and agree to perform them and understand that if I fail to do so, my probation may be revoked and I may be sentenced to jail.

X _____ (Signature) _____ (Address) _____ (Telephone No.)

TO THE SHERIFF: This certified copy of judgment/proceedings in the above-entitled action is your authority for the execution thereof.

DISTRIBUTION: D.A. - Defense Attorney Jail - Probation Defendant Alc. Prgm. - MLAS Collections