

SUPERIOR COURTS OF CALIFORNIA ★ COUNTY OF CONTRA COSTA

**NOTICE TO REPORT  
ASSIGNMENT/SENTENCE TO:**

**MARTINEZ COURT – 07100**  
725 COURT STREET ROOM 127  
MARTINEZ, CA 94553

**PITTSBURG - 07465**  
1000 CENTER DRIVE  
PITTSBURG, CA 94565

**RICHMOND – 07460**  
100 37<sup>TH</sup> STREET  
RICHMOND, CA 94805

**12-Hour**  
Wet Reckless Program  
or 18-20 years old

**3-MONTH**  
1<sup>ST</sup> OFFENDER DUI PROGRAM  
(BELOW 0.15% BAC)

**6-MONTH**  
1<sup>ST</sup> OFFENDER DUI PROGRAM  
(0.15% - 0.19% BAC)

**9-MONTH**  
1<sup>ST</sup> OFFENDER DUI PROGRAM  
(0.20% BAC OR HIGHER)

**18-Month**  
MULTIPLE OFFENDER DUI PROGRAM

**Name** \_\_\_\_\_  
Last First M.I.

**Docket Number:** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street Apt. #  
\_\_\_\_\_  
City State Zip

**Conviction/Referral Date:** \_\_\_\_\_

**Offense Date:** \_\_\_\_\_

**CDL # or X-Ref #:** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**E-Mail Address (optional)** \_\_\_\_\_

Court Probation  Reinstated (Continue)

Formal Probation  Re-referred (Start over)

<b>BAC:</b>	<b>Birthdate:</b>

Future Solutions 560 Lennon Lane, Suite 200 Walnut Creek, CA 94598 (925) 932-7791	Alcohol and Drug Abuse Council 2020 N. Broadway, Suite 101 Walnut Creek CA 94596 (925) 932-8100	Occupational Health Services 2600 Stanwell Drive, Suite 100 Concord, CA 94520 (925) 356-0855 <small>ESPAÑOL</small>	Pueblos Del Sol Education Program 121 Sand Creek Road, Suite A Brentwood, CA 94513 (925) 240-7213
Dawn Center 1251 California Avenue, Suite 600 Pittsburg, CA 94565 (925) 439-1332 <small>ESPAÑOL</small>	Neighborhood House 3065 Richmond Parkway, Suite 114 Richmond, CA 94806 (510) 222-2209 <small>ESPAÑOL</small>	Occupational Health Services 11299 San Pablo Avenue, Suite W El Cerrito, CA 94530 (510) 215-8905 <small>ESPAÑOL</small>	County of: _____  <small>Go to: <a href="http://www.dhcs.ca.gov">http://www.dhcs.ca.gov</a> for current DUI Provider List</small>

I have received a copy of the Notice to Report and understand that I must enroll in the program of my choice, by circling one of the programs listed above. If an appointment was not made at the time of conviction, I will contact the DUI program directly within 48 hours to schedule an intake appointment. Failure to enroll will result in an order to show cause or a bench warrant for my arrest.

**Defendant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

You are ordered to enroll in a State-licensed DUI Program. Failure to enroll will result in your return to court. The State of California will not accept completion of an on-line DUI program. You have been provided a scheduled intake below. Please contact the DUI provider directly if you need to reschedule.

**DUI Program Intake Appointment**

Intake Date \_\_\_\_\_ Time: \_\_\_\_\_ Defendant's Primary Language: \_\_\_\_\_

**Participant Status:**

**Defendant was dismissed because:**

- Enrolled on Date: \_\_\_\_\_
- Failed to Enroll Date: \_\_\_\_\_
- Completed the \_\_\_\_\_ Program
- Completed but owes \$ \_\_\_\_\_

- Failed to attend for over 21 days
- Missed too many sessions (\_\_\_\_)
- Did not honor payment plan. Owes \$ \_\_\_\_\_
- Intoxibriety (BAC: \_\_\_\_\_)
- Other: \_\_\_\_\_

**Date:** \_\_\_\_\_

**Program Representative Signature :** \_\_\_\_\_