

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 37TH STREET
RICHMOND, CA 94805

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

☐ **3-MONTH**
1ST OFFENDER DUI PROGRAM
(BELOW 0.15% BAC)

☐ **6-MONTH**
1ST OFFENDER DUI PROGRAM
(0.15% - 0.19% BAC)

☐ **9-MONTH**
1ST OFFENDER DUI PROGRAM
(0.20% BAC OR HIGHER)

☐ **18-Month**
MULTIPLE OFFENDER DUI PROGRAM

Name

Last First M.I.

Docket Number: _____

Address

Street Apt. #

Conviction/Referral Date: _____

City State Zip

Offense Date: _____

CDL # or X-Ref #: _____

Phone Number _____

**E-Mail Address
(optional)** _____

☐ Court Probation ☐ Reinstated (Continue)

☐ Formal Probation ☐ Re-referred (Start over)

BAC:	Birthdate:

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	Neighborhood House 3065 Richmond Parkway, Suite 103 Richmond, CA 94806 (510) 222-2209 ESPAÑOL
Dawn Center 1251 California Avenue, Suite 600 Pittsburg, CA 94565 (925) 439-1332 ESPAÑOL	Pueblos Del Sol Education Program 191 Sand Creek Road, Suite 130 Brentwood, CA 94513 (925) 240-7213	County of: _____ Go to: http://www.dhcs.ca.gov for current DUI Provider List

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 \$ _____

[] Insobriety (BAC: _____)
[] Other: _____

Date: _____

Program Representative Signature : _____