

SUPERIOR COURT OF CALIFORNIA, COUNTY OF: STREET ADDRESS: MAILING ADDRESS: CITY: STATE: ZIP CODE: BRANCH NAME:	FOR COURT USE ONLY
NAME OF DEFENDANT: STREET ADDRESS: MAILING ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: DRIVER'S LICENSE NO.:	
DATE OF COURT ORDER:	
IGNITION INTERLOCK INSTALLATION VERIFICATION	CASE NUMBER:

1. Manufacturer:
2. Facility location (*address*):
3. Vehicles:

	<u>Make</u>	<u>Model</u>	<u>Year</u>	<u>Color</u>	<u>License Plate No.</u>	<u>VIN:</u>
a.						
b.						
c.						

- | | | | |
|--------------------------------|----|----|----|
| 4. Serial nos. of units: | a. | b. | c. |
| 5. Odometer reading: | a. | b. | c. |
| 6. Date of installation: | a. | b. | c. |
| 7. Date of next monitor check: | a. | b. | c. |

I declare that the information provided is true and correct.

Date:

(TYPE OR PRINT NAME OF INSTALLER)

▶ _____

(SIGNATURE OF INSTALLER)

Defendant: return a completed and signed form to the court.

For installer use only: