

<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY: STATE: ZIP CODE: BRANCH NAME:	<b>FOR COURT USE ONLY</b>
NAME OF DEFENDANT: STREET ADDRESS: MAILING ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: DRIVER'S LICENSE NO.:	
<b>IGNITION INTERLOCK NONCOMPLIANCE REPORT</b>	CASE NUMBER:

1. Vehicles:

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

2.  The defendant failed to comply with a requirement for the maintenance or calibration of the ignition interlock device installed in the vehicle indicated below on three or more occasions:

<u>Vehicles</u>	<u>Date</u>	<u>Describe Noncompliance</u>
<input checked="" type="checkbox"/> a. <input checked="" type="checkbox"/> b. <input checked="" type="checkbox"/> c.		
<input checked="" type="checkbox"/> a. <input checked="" type="checkbox"/> b. <input checked="" type="checkbox"/> c.		
<input checked="" type="checkbox"/> a. <input checked="" type="checkbox"/> b. <input checked="" type="checkbox"/> c.		

3.  The ignition interlock device installed in the vehicle indicated below showed evidence of:

<u>Vehicles</u>	<u>Date</u>	<u>Removal</u>	<u>Attempt to bypass</u>	<u>Attempt to remove</u>	<u>Tampering</u>
<input checked="" type="checkbox"/> a. <input checked="" type="checkbox"/> b. <input checked="" type="checkbox"/> c.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> a. <input checked="" type="checkbox"/> b. <input checked="" type="checkbox"/> c.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> a. <input checked="" type="checkbox"/> b. <input checked="" type="checkbox"/> c.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

4. I declare that the information provided is true and correct.

Date:

\_\_\_\_\_

(TYPE OR PRINT NAME)



\_\_\_\_\_

(SIGNATURE OF FACILITY MONITOR)

Name of facility monitor (specify):

Name of facility (specify):

Address of facility (specify):

Telephone number of facility (specify):