

April 2007

To report updates, please contact Tom at (310) 463-3810.

Sunday

10:00 AM Hollywood – 1919 Beachwood Dr. Van Ness Recovery House. Emphasis on spirituality. (Open, Speaker, Chips, Court)

6:15 PM West Hollywood – 7377 Santa Monica Blvd. Plummer Park Community Center. Ask front desk for room number. (Open, Court)

7:00 PM Silverlake – 1522 Sanborn Ave. Home of Bill M. Meditation focus. (Closed)

Monday

6:15 PM Fairfax – 7929 Melrose Ave. Fairfax Senior Citizen Center. Room 2. No timer. (Closed, Speaker)

8:00 PM Hollywood – 1125 N. McCadden Pl. The Village. Ask front desk for room number. (Open, Speaker, Chips, Court)

Tuesday

10:00 AM Hollywood – 1749 N. La Brea Ave. Women's Club Hospitality House. (Closed, Speaker, Court)

6:00 PM Long Beach – 2525 Grand Ave. Long Beach Health & Human Services Dept., Room 102. Rotating format. (Open, Chips, Court)

8:00 PM Hollywood – 1125 N. McCadden Pl. The Village. Ask front desk for room number. Speaker or step study. (Open, Court)

8:00 PM Santa Ana – 720 N. Spurgeon Ave. Christ Chapel Community Church. (Open, Court)

Wednesday

12:45 PM Downtown – 550 Hope Terrace. Near Central Library. (Open, Court)

8:00 PM Hollywood – 1125 N. McCadden Pl. The Village. Ask front desk for room number. (Open, Chips, Speaker, Court)

Thursday

10:00 AM Hollywood – 1749 N. La Brea Ave. Women's Club Hospitality House. (Open, Speaker, Court)

7:30 PM Pasadena – 464 E. Walnut St. First Congregational Church. Check for room. (Open, Court)

8:15 PM Hollywood – 1125 N. McCadden Pl. The Village. Ask front desk for room number. Recovery plan writing. (Open, Speaker, Court)

Friday

6:30 PM Silverlake – 1773 Griffith Park Blvd. A.T. Center. Ask front desk for room number. No timer. (Open, Chips, Court)

Saturday

10:00 AM Long Beach – 2525 Grand Ave. Long Beach Health & Human Services Dept., Room 290. (Open, Court)

12:15 PM Hollywood – 1125 N. McCadden Pl. The Village. Ask front desk for room number. (Open, Speaker, Chips, Court)

SCA LA Meeting List

Statement of Purpose

Sexual Compulsives Anonymous is a fellowship of men and women who share their experience, strength and hope with each other, that they may solve their common problem and help others to recover from sexual compulsion. The only requirement for membership is a desire to stop having compulsive sex. There are no dues or fees for SCA membership; we are self-supporting through our own contributions. SCA is not allied with any sect, denomination, politics, organization, or institution; does not wish to engage in any controversy; neither endorses nor opposes any causes.

Our primary purpose is to stay sexually sober and to help others to achieve sexual sobriety. Members are encouraged to develop their own sexual recovery plan, and to define sexual sobriety for themselves. We are not here to repress our God-given sexuality, but to learn how to express it in ways that will not make unreasonable demands on our time and energy, place us in legal jeopardy—or endanger our mental, physical or spiritual health.

Literature

Literature is our portable program. We also make use of conference-approved literature from AA, OA and other Twelve Step programs, as well as other appropriate materials. To purchase literature and chips for yourself or a meeting, please contact Michael K. at (323) 937-1470.

Intergroup

Third Saturday of the month at 10:30 AM
The Village at Ed Gould Plaza, 1125 N. McCadden Place, Hollywood

Intergroup is the monthly business meeting. Although it is open to all members, only officers and elected meeting representatives may vote. To make a donation, please send only checks or money orders to the mailing address. If it is from a specific meeting, please indicate which meeting day of the week, time of day, and location it is from. To receive announcements, email us at scalosangelesintergroup@yahoo.com.

Supporting the Fellowship

After meetings have paid their expenses (rent, literature, etc.) and set aside a prudent reserve covering one month's worth of expenses, it is suggested that meetings contribute their surplus funds to SCA Los Angeles Intergroup, who in turn makes contributions to the SCA International Service Organization. SCA's service bodies perform vital work to reach the sexual compulsive who still suffers and keep our organization operating. Intergroup depends upon contributions from its members and its meetings. Contributions may be sent to the mailing address listed below.

Discussion Group

To maintain contact between meetings, SCA Southern California has a private, online discussion group. If you would like to join, please send an e-mail directly to SCA-SouthernCalifornia-subscribe@yahoogroups.com. Questions about this online group may be sent to dan_the_man_99@yahoo.com.

Meeting Information

Meetings are where we share our experience, strength and hope with each other to better understand our common problem and work together towards the solution. An *open* meeting is where anyone is welcome, sexual compulsive or not. A *closed* meeting is only for sexual compulsives or for people who are trying to find out whether they are sexual compulsive. A *speaker* is someone who shares his or her experience, strength, and hope working their sexual recovery program. *Chips* are tokens given to those who have maintained sobriety for a specific period of time. *Court papers* may be signed by the secretary of a meeting.

COUNTY OF LOS ANGELES PROBATION DEPARTMENT

San Gabriel Valley

ARCADIA

Association of Social & Behavioral Science Consultants; 150 North Santa Anita, Suite 735 (626) 215-9446; English, Spanish & Chinese. Medical Support. Dual Diagnosis. Women's groups also. ♿

COVINA

Citrus Counseling Center
973 N. Grand Avenue; (626) 967-7585
English, Spanish, Chinese & Korean
Women's groups also. ♿

Santa Anita Family Service
716 North Citrus Ave., (626) 966-1755
English only.

DIAMOND BAR

Community Support Systems, Inc.
3333 Brea Canyon Road, Suite 124
(909) 594-9432 or (818) 395-2798
English & Spanish. ♿

EAST LOS ANGELES

1AAA - Family Harmony - Armonia Familiar
305 North Soto Street, Suite "B",
(323) 873-3113; Solo en Español

Abilio A. Hernandez, M.D., Inc.
4082 E. Whittier Blvd., Suite 104
(323) 266-0496; English & Spanish.
Women's groups also. ♿

Latino Domestic Violence Program
5801 East Beverly Blvd.; (323) 722-4529
English & Spanish. Women's groups also.

BHS - Boyle Heights Family Recovery Center
3421 East Olympic Blvd.; (323) 262-1786
English & Spanish. Women's groups also. ♿

El Centro De Ayuda Corporation
3467 Whittier Blvd.; (323) 265-9228
English & Spanish. Dual Diagnosis.
Women's groups also. ♿

EL MONTE

Acacia Counseling
10507 Valley Blvd., Suite 830; (626) 335-6114
English & Spanish. Women's groups also. ♿

SPIRITT Family Services
2000 South Tyler Ave.; (626) 442-4788
English & Spanish. ♿

Twin Palms Recovery Center
3574 Lexington Ave.; (626) 443-4008
English & Spanish. Women's groups also. ♿

San Gabriel Valley Center
11046 Valley Mall; (626) 444-9000
English & Spanish

San Gabriel Valley cont.

GLENDORA

Acacia Counseling
140 South Grand Ave., Suite "D"; (626) 335-6114
English & Spanish. Women's groups also. ♿

LA PUENTE

Twin Palms Recovery Center
218 N. Glendora Avenue; (626) 968-8875
English & Spanish. Women's groups also. ♿

MONROVIA

Santa Anita Family Service
605 South Myrtle Ave.; (626) 359-9358
English & Spanish. Women's groups also.

MONTEBELLO

California Diversion Intervention Foundation
819 W. Whittier Blvd., 2nd Fl.; (800) 842-9089
English & Spanish. Women's groups also.

MONTEREY PARK

Chinatown Service Center
112 North Chandler Ave., Suite 105
(213) 808-1700; Chinese only.

PASADENA

Foothill Family Service
118 S. Oak Knoll Ave.; (626) 564-1613
English & Spanish. ♿

High Road Program
700 S. Arroyo Parkway; (626) 793-6159
English & Spanish. Women's groups also. ♿

I Am ... Foundation, Inc.
464 E. Walnut Street, Suite 306; (626) 799-0999
English & Spanish. Women's groups also.

WEST COVINA

Jose Marez & Associates
1323 West Covina Parkway; Suite "D"
(626) 338-5175; English & Spanish.

Baldwin Park Counseling Center
1710 W. Cameron Ave., Suite 202
(626) 917-2120; English & Spanish.
Women's groups also.

Safety Education Center - Domestic Violence
1515 West Cameron Avenue, Suite 300
(626) 960-3977; English & Spanish.
Women's groups also. ♿

Pomona Valley

CLAREMONT

Olive Branch Counseling Center
456 W. San Jose Drive, Suite A.; (909) 989-9030
English & Spanish. Women's groups also. ♿

POMONA

Inland Valley Recovery Services
375 South Main Street, Suite 111
(909) 622-7311; English & Spanish. ♿

NCADD - Pomona Valley
656 North Park Avenue; (909) 629-4084
English & Spanish. ♿

Pomona Community Crisis Center
240 East Monterey Ave., (909) 623-1588
English & Spanish. ♿

Pomona Open Door
436 W. 4th Street, Suite 220; (909) 622-8001
English & Spanish. ♿

Antelope Valley

LANCASTER

Cedarwood Counseling Group
44809 North Fern Ave.; (661) 945-7608
English & Spanish. Women's groups also. ♿

High Road Program, Inc.
44823 Date Ave., (661) 942-2241
English only. ♿

LFC - Life Choices
43260 Challenger Way, (661) 723-6587
English only. ♿

Tarzana Treatment Center
44443 N. 10th Street West; (661) 726-2630 x4324
English Only. Women's groups also. ♿

PALMDALE

A Second Wind Violence Prevention Project
38733 9th Street, East, Suite "M"; (661) 947-6642
English & Spanish. Women's groups also. ♿

Families United: New Beginnings, Inc.
1317 E. Palmdale Blvd., Suite 17; (661) 538-1099
Women's groups and DV Teen groups also.
English only. ♿

Santa Clarita Valley

CANYON COUNTRY

A Second Wind Violence Prevention Project
18333 Dolan Way, Suite 201
(661) 251-4878; English & Spanish.

SANTA CLARITA

Emerge From Anger
25050 Peachland Ave. Suite 255; (661) 255-6634
English only. Women's groups also.

July 2011 list approved by:
Jim Schoengarth, S.D.P.O.

Jim Schoengarth

This list of approved batterers' programs may
be modified only by the Los Angeles County
Probation Department.
(562) 908-3257

<http://probation.co.la.ca.us>

COUNTY OF LOS ANGELES PROBATION DEPARTMENT

July
2011

APPROVED 52-WEEK BATTERERS' INTERVENTION PROGRAMS



San Fernando Valley – San Gabriel / Pomona Valleys - Antelope / Santa Clarita Valleys

San Fernando Valley

BURBANK

Family Service Agency of Burbank
2721 Burbank Boulevard; (818) 845-7671
English & Spanish. ♿

Victory Foundation, Inc.
844 North Hollywood Way, 2nd Floor
(818) 842-9446; English & Spanish.

CANOGA PARK

1AAA - Family Harmony - Armonia Familiar
22148 Sherman Way; Suite 201 2nd Floor
(818) 787-7878; English & Spanish.

Abuse Prevention Associates
21243 Ventura Blvd., #203; (818) 348-4200
English only. Women's groups also. ♿

Center for the Prevention of Family Violence
20944 Sherman Way, Suite 209
(818) 786-2079 or (818) 883-2132
English & Spanish

CHATSWORTH

California Family Counseling Center
Men Against Violence Group
19900 Plummer St., (818) 386-5600
English only. ♿

ENCINO

Alternatives, LTD.
16550 Ventura Blvd., Suite 202
(818) 986-9964 or (818) 990-1379
English & Spanish
Women's groups and DV Teen groups also. ♿

GLENDALE

Diversion - The First Stop
1501 South Brand Blvd., (818) 988-2597
English only.

Glendale Counseling Center
1521 West Glenoaks Blvd., 2nd Floor, Suite "B"
(818) 547-2865; Armenian, English, Farsi, &
Spanish. Women's groups also.

Glendale Multicultural Center 4 Self - Esteem
336 N. Central Ave. Suite 8; (818) 242-6424
English & Spanish - Bi-Polar
Gay & Lesbian Friendly. Women's groups also.

New Insights Program
522 East Broadway, Suite 101; (818) 242-2308
English only. Women's groups also.

MISSION HILLS

Mathis & Associates BIP
14646 Chatsworth Drive; (818) 994-2295
English & Spanish
Women's groups and DV Teen groups also.

San Fernando Valley cont.

NORTH HILLS

Stephan J. Fleisher, Ph.D.
(Clinical Psychologist)
16031 Chase Street; (818) 893-1811
English only. Women's group also. ♿

NORTH HOLLYWOOD

Advantage Family Services
6205 N. Laurel Canyon Blvd., (818) 508-7344
English & Spanish. Women's groups also. ♿

LIFE Counseling Center
10653 Riverside Drive; (818) 760-0074
English & Spanish. Women's groups also.

The Village Family Service
6736 Laurel Canyon Blvd., Suite 200
(818) 755-8786; English & Spanish.
Gay & Lesbian sensitive. Women's groups also.

PACOIMA

Diversion - The First Stop
12502 Van Nuys Blvd., Suite 303
(818) 988-2597; English & Spanish.

PANORAMA CITY

Acropolis Counseling Center
8741 Van Nuys Blvd., #204; (818) 830-0433
English & Spanish. Women's groups also.

SAN FERNANDO

Valley Family Center
302 South Brand Blvd., (818) 365-8588
English & Spanish.

Valley Prevention and Treatment Center
1056 North Maclay Ave., Suite "A"
(818) 365-7774; English and Spanish
Women's groups also

SHERMAN OAKS

Clinical Counseling Center
4419 Van Nuys Blvd., Suite 307; (818) 986-1161
English & Spanish. Women's groups also. ♿

My Choice BIP
4910 Van Nuys Blvd., #301-A
(818) 671-4293; DeafLCSW@socal.rr.com
Deaf & Hard of Hearing only. **By appt. only.**

VETERANS' ONLY:

Dept. of Veteran's Affairs; (310) 767-1221
Programs for Veterans are available in:
East Los Angeles, Gardena & Sepulveda

San Fernando Valley cont.

SUNLAND-TUJUNGA

Anger Management 411
6708 Foothill Boulevard, #206; (818) 951-3200
English, Armenian, Farsi and Spanish. ♿
Gay and Lesbian Sensitive. Women's groups also.
Crescenta Valley

SYLMAR

Acropolis Counseling Center
13780-3 Foothill Blvd., (818) 833-3029 or
(818) 785-4935; English & Spanish.

TARZANA

Tarzana Treatment Center
18646 Oxnard Street; (818) 996-1051 ext. 1128
English & Spanish. Women's groups also. ♿

VAN NUYS

1AAA - Family Harmony - Armonia Familiar
6740 Kester Ave., 2nd Floor, Suite 206
(818) 787-7903; English & Spanish. ♿

Acropolis Counseling Center;
5908½ Van Nuys Blvd.; (818) 785-4935 or
(818) 833-3029; English & Spanish. ♿

Center for the Prevention of Family Violence
13655 Victory Blvd., Suite 201; (818) 786-4201 or
(818) 786-2079; English & Spanish.

Community Counseling Center
6201½ Van Nuys Blvd., Suite 2B; (818) 994-6692
Armenian, English, Farsi, Russian & Spanish.
Women's groups also.

Diversion - The First Stop
6514 Sylmar Ave., Suite "1-D"
(818) 988-2597; English only.

Domestic Abuse Center
14402 Haynes Street, Suite 204
(818) 904-1700; English only.

High Road Program, Inc.
14430 Sherman Way; (818) 785-9119
English & Spanish. ♿

WESTLAKE VILLAGE

Westlake Village Family Services
3625 E. Thousand Oaks Blvd., Suite 225
(818) 730-2960; English only.
Women's groups also. ♿
Conejo Valley

WOODLAND HILLS

Valley Anger Management
19737 Ventura Blvd., #200B; (818) 704-8116
English & Farsi

LOS ANGELES cont.

Institute For Multicultural Counseling & Educational Services, Inc.
3580 Wilshire Blvd., Suite 2000
(213) 381-1250; Armenian, English, Farsi, Russian, Korean & Spanish. ♿

Korean American Family Service Center
3727 West 6th Street, Suite 320
(213) 389-6755; Korean only. ♿

Project Peace Makers Inc.
1826 West 54th Street; (323) 291-2525
English, Spanish, Sign Language. ♿

Sunrise Community Counseling Center, Inc.; 537 South Alvarado Street
(213) 207-2770; English, Portuguese & Spanish.

The Lavelle Center
8415 South Western Ave.
(323) 759-2569; English & Spanish.

NORTH HILLS

Stephan J. Fleisher, Ph.D.,
(Clinical Psychologist)
16031 Chase Street; (818) 893-1811
English only. ♿

NORTH HOLLYWOOD

California Psychological Enrichment Services; 10653 Riverside Drive
(818) 762-6666 or (818) 543-9272
English, Spanish. ♿

Five Star Counseling & Educational Services; 6205 N. Laurel Canyon Blvd.
(818) 763-6615; English & Spanish. ♿

The Village Family Service
6736 Laurel Canyon Blvd, Suite 200
(818) 755-8786; English & Spanish.

PANORAMA CITY

Acropolis Counseling Center
8741 Van Nuys Blvd., Suite 204
(818) 830-0433 or (818) 430-9340
English & Spanish. ♿

PASADENA

Foothill Family Services
118 South Oak Knoll Ave.
(626) 564-1613; English & Spanish. ♿

POMONA

Citrus Counseling Centers
319 Park Avenue, Suite E
(909) 620-8411; English, Spanish.

SAN PEDRO

Center Against The Violence
(Centro Contra La Violencia)
600 South Pacific Avenue; (888) 323-6876
English & Spanish.

SANTA FE SPRINGS

Los Angeles Centers for Alcohol & Drug Abuse - (LA CADA); 11015 Bloomfield Ave.
(562) 906-2676; English & Spanish. ♿

SANTA FE SPRINGS cont.

SPIRITT Family Services
13135 Barton Road
(562) 777-1410; English & Spanish. ♿

SHERMAN OAKS

Clinical Counseling Center
15300 Ventura Blvd., Suite 503
(818) 986-1161; English & Spanish. ♿

Counseling West; 4419 Van Nuys Blvd., Suite 310; (818) 390-3910 or (818) 990-9898; English only.

SYLMAR

Acropolis Counseling Center
13780-3 Foothill Blvd.; (818) 833-3029 or (818) 785-4935; English & Spanish. ♿

Valley Prevention & Treatment Center
12610 Glenoaks Blvd., Suite 4
(818) 365-3300; Spanish only. ♿

TORRANCE

Lewis Counseling Services
3868 Carson Street, Suite 220
(310) 324-9271 or (562) 869-3097
English & Spanish.

Neighborhood Family Center
2309 Torrance Blvd., Suite 201
(310) 324-0444; English & Spanish

VAN NUYS

Acropolis Counseling Center
5908 1/2 Van Nuys Blvd.; (818) 785-4935 or (818) 833-3029; English & Spanish. ♿

Center for the Prevention of Family Violence; 13655 Victory Blvd., Suite 201
(818) 786-4201 or (818) 786-2079
English & Spanish.

Community Counseling Center
6201 1/2 Van Nuys Blvd., Suite 2B
(818) 994-6692; Armenian, English, Farsi & Spanish.

WEST COVINA

Baldwin Park Counseling Center
1710 W. Cameron Ave., Suite 202
(626) 917-2120; English & Spanish.
Deaf Services also available.

WESTLAKE VILLAGE

Westlake Village Family Services
3625 E. Thousand Oaks Blvd., Suite 225
(818) 730-2960; English only. ♿

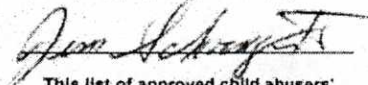
WEST LOS ANGELES

Ness Counseling Center, The
8512 Whitworth Drive; (310) 360-8512
English, Hebrew, Russian. ♿

WILMINGTON

Neighborhood Family Center
505 W. Pacific Coast Highway, 2nd Floor, Suite "E"; (310) 715-8885; English & Spanish.

This July 2011 list of 52-week child abusers' programs is based only upon agreements and information contained in agency documents filed with Probation.

July 2011 list approved by:
Jim Schoengarth, S.D.P.O.

This list of approved child abusers' programs may be modified only by the Los Angeles County Probation Department.
(626) 308-5284

JULY
2011

COUNTY OF LOS ANGELES PROBATION DEPARTMENT APPROVED CHILD ABUSERS' TREATMENT PROGRAMS



CHILD ABUSERS' TREATMENT PROGRAM APPLICATIONS AND MEMORANDUM OF UNDERSTANDING,
PROMISING TO COMPLY WITH STATE STANDARDS ARE ON FILE WITH L.A. COUNTY PROBATION (PC 273.1).

ARCADIA

Association of Social & Behavioral
Science Consultants
150 North Santa Anita, Suite 735
(323) 462-5810; English & Spanish. ♿

BELL

Aztlan Family Clinic, Inc.
4800 E. Gage Avenue
(323) 560-9992; English & Spanish. ♿

Lewis Counseling Services
6704 Orchard Avenue; (310) 324-9271 or
(562) 869-3097; English & Spanish.

BURBANK

Family Service Agency of Burbank
2721 Burbank Boulevard; (818) 845-7671
English & Spanish. ♿

CANOGA PARK

Center for the Prevention of Family
Violence; 20944 Sherman Way, Suite 209
(818) 786-2079 or (818) 883-2132
English & Spanish.

CARSON

Office of Samoan Affairs
20715 S. Avalon Blvd., Suite 210
(310) 538-0555 English & Samoan.

CLAREMONT

Olive Branch Counseling Center
459 W. San Jose Ave.; (909) 989-9030
English & Spanish. Women's groups also. ♿

COVINA

Citrus Counseling Centers
973 N. Grand Avenue; (626) 967-7585
English, Spanish. ♿

DIAMOND BAR

Community Support Systems, Inc.
3333 Brea Canyon Road, Suite 124
(909) 594-9432 or (818) 395-2798
English & Spanish. ♿

EAST LOS ANGELES

Abilio A. Hernandez, M.D., Inc.
4082 E. Whittier Blvd., Suite 104
(323) 266-0496; English & Spanish. ♿

EL MONTE

Acacia Counseling; 10507 Valley Blvd.,
Suite 830; (626) 335-6114
English, Spanish & Vietnamese. ♿

SPIRITT Family Services

2000 S. Tyler Avenue; (626) 442-4788
English & Spanish. ♿

EL SEGUNDO

Options Counseling
100 W. Imperial Ave., Ste. "M"
(310) 210-4383; English & Spanish.
Gay & Lesbian sensitive. Dual Diagnosis.
Women's groups also.

GARDENA

Neighborhood Family Center
15508 South Western Ave. Suite 203
(310) 715-8885; English & Spanish.

GLENDALE

Glendale Counseling Center
1521 West Glenoaks Blvd., 2nd Floor,
Suite "B"; (818) 547-2865; Armenian, English,
Farsi, Russian & Spanish.

Glendale Multicultural Center 4 Self -
Esteem; 336 N. Central Avenue, Suite 8
(818) 242-6424 or (818) 550-9940; English,
Armenian, Farsi, Russian & Spanish.

GLEN DORA

SPIRITT Family Services
1505 Sunflower Ave., (626) 335-8153
English, Spanish.

HOLLYWOOD

Assistance League of So. Calif. - Family
Service Agency; 1370 N. St. Andrews Place
(323) 469-5893; English & Spanish.

Los Angeles Counseling Center
4855 Santa Monica Blvd., #108
(323) 913-3371; English, Spanish &
Armenian.

HUNTINGTON PARK

Centro De Desarrollo Familiar
6829 Rita Avenue, Suite 17
(323) 589-1902; English & Spanish.

West Advisory Christian Counseling
Center; 6532 Pacific Blvd., Suite C
(323) 588-5971; English & Spanish.

INGLEWOOD

Inglewood Parenting & Child Abusers'
Program; 400 South La Brea Avenue,
Suite 202; (310) 674-6215; English, Spanish
& Igbo. ♿

Single Parents Of Power/EMLAC Health
1620 Centinela Avenue; (310) 753-7860
English, Spanish, Igbo & Swahili.
Hearing Impaired.

LA MIRADA

New Directions; 11530 La Mirada Blvd.
(562) 944-3735; Chinese, English, Spanish,
Taiwanese, Vietnamese. ♿

LANCASTER

Cedarwood Counseling Group
44809 North Fern Ave.; (661) 945-7608
English, & Spanish. ♿

LA PUENTE

SPIRITT Family Services
1475 6th Ave.; (626) 968-0041
English & Spanish. ♿

LAWNDALE

San Martin De Porres Counseling Center
15342 Hawthorne Blvd., Suite 305
(310) 644-3300; English only.

LONG BEACH

Center Against the Violence
1940 Freeman Avenue
(562) 218-2337; English & Spanish.

La Clinica Para Su Ayuda
3939 Atlantic Avenue; Suite 111
(562) 424-7701; English & Spanish.

Neighborhood Family Center
1409 East 4th Street, Suite "B"
(562) 432-1819; English & Spanish.

Options Counseling
3520 Long Beach Blvd., Suite 217-219
(562) 989-0809; English & Spanish.
Gay & Lesbian sensitive. Dual Diagnosis.
Women's groups also.

Saddle Group Counseling
4647 N. Long Beach Blvd., Suite B3
(562) 427-2323. English only.
Free Enrollment.

Substance Abuse Foundation of Long
Beach; 3125 East 7th Street
(562) 439-7755; English & Spanish. ♿

LOS ANGELES

About Face: Domestic Violence
Intervention Project
3407 W. 6th Street, Suite 700
(213) 384-7084; Spanish & Korean.

Coalition of Mental Health Professionals,
Inc.; 9219 South Broadway Ave.
(323) 777-3120; English & Spanish. ♿

Hollywood

IAAA Family Harmony—Armonia Familiar

1110 N. Western Ave., Oficina 108 (En La Escuela De Manejo Royal);
Telephone: 323-873-3113;
Website: www.familyharmonyprogram.com
Español, Dias, Tardes, o Noches

Lakewood

Positive Steps Inc.

Marilyn Hoffman, RAF, C.S.A.C, C.S.J, CAMF
5230 North Clark Avenue, Suite #18,
Telephone: 562-804-2700
E-mail: positivestepsinc@yahoo.com
Website: www.positivestepsinc.com
Adolescent & Adults; evenings; Groups & Individuals.

Lawndale

Anderson & Anderson, A.P.C

15675 Hawthorne Blvd. Suite H;
Telephone: 310-679-8310
E-Mail: georgeanderson@aol.com
Website: www.andersonservices.com
English & Spanish: Tuesdays & Saturdays

Los Angeles

IAAA Family Harmony—Armonia Familia,

Holiday Inn Hotel, 1020 S. Figueroa, Banquet Room,
Telephone: 323-873-3113;
Website: www.familyharmonyprogram.com
Español; Dias, Tardes o Noches

Anger Management Center

Howard Hughes Center
6080 Center Dr
Telephone: 310-227-9869 (English), 310-658-8561 (Spanish)
Website: www.angermanagementcenters.com
Email: amc42010@yahoo.com
Adults only, days, evenings & weekends. Accelerated classes. English & Spanish spoken.

Alcohol & Drug Behavior Center, CM. Inc.

8721 South Broadway
Telephone: (714) 719-7004
Email: nps9673@sbcglobal.net
Anger Management & Parenting Classes

Dixon Recovery Institute

4715 Crenshaw blvd. 2nd floor
Los Angeles, CA 90043
#323-9883744, fax: 866-593-6660
Website: www.dixonrecovery.com

North Hollywood

Breakthrough Innovative Group

11526 Burbank Blvd. #8
Telephone: 818-383-7433
Email: mariavega@breakthroughinnovative.com
Website: www.breakthroughinnovative.com
English & Spanish
Sat & Sun accelerated classes

Pasadena

There's A New Day Dawning

Address will be giving upon appointment setting.
Website: www.ascottsite.com
E-mail: Annscott83@yahoo.com
Ann Scott, CAMF
Telephone: (626) 633-2666

San Gabriel

Asian Youth Center/San Gabriel Valley

Rebecca Chuen, CAMF
100 W. Clary Ave.
Telephone: 626-309-0622 ext. 108; Fax 626-309-0717
Email: rebecca.chuen@asianyouthcenter.org
Website www.asianyouthcenter.org
Adults and adolescent. days, evenings
weekends, individuals and groups; English,
Chinese & Spanish

Sherman Oaks

Anger Management 818

Anita Avedian, MFT, CAMF.
15233 Ventura Blvd., Suite 1208
Telephone: 818-990-0999;
Email: angermanaged818@aol.com
Website: www.AngerManagement818.com
Individual Sessions Accelerated Classes, Evenings & Weekends; Adults; Adolescents, Gender Specific

Sherman Oaks Anger Management

Linda Arbiter, MA, MFT, CAMF
www.ShermanOaksAngerManagement.com
4910 Van Nuys Blvd. Suite 301
Telephone: 818 754-4754
Classes available weekday evenings and Saturdays;
Accelerated classes, Group private instruction. Gender Specific, Adolescents; Adults. English and Spanish.

South Gate

IAAA Family Harmony—Armonia Familiar

3424 Ardmore Ave, en Salon South Gate
Telephone: 323-873-3113
Website: www.familyharmonyprogram.com
Español; Dias, Tardes, o Noches

Van Nuys

IAAA Family Harmony—Armonia Familiar

6850 Van Nuys Blvd, Suite 100;
Telephone: 818-787-7878;
Website: www.familyharmonyprogram.com
English & Spanish; Days, Evenings, Weekends

West Los Angeles

IAAA Family Harmony-Armonia Familiar

2511 So. Barrington Ave., 2nd Floor;
Telephone: 310-479-8353;
Website: www.familyharmonyprogram.com
Groups; Days, Evenings, or Weekends;
Accelerated Classes- English, Spanish, and Russian

Whittier

Adapt-Aware Zone Inc.

14128 Whittier Blvd.
Telephone: 562-698-0474
E-mail: ADAPTPROGRAM@sbcglobal.com
Spanish & English.



ANDERSON + ANDERSON

angermanagement
ANDERSON & ANDERSON
CERTIFIED ANGER MANAGEMENT PROVIDERS
LOS ANGELES COUNTY
JANUARY, 2010

There are no state laws that regulate anger management. Neither the LA County Probation Department nor any other agency is involved in certifying anger management programs. The list of probation-approved batterers' intervention programs is solely for domestic violence perpetrators. Domestic violence programs are inappropriate for addressing issues of anger management in *non-intimate* relationships. Therefore, as a nationally recognized leader in providing interventions, resources, and provider certifications in anger management, Anderson & Anderson has compiled a list of programs currently using the *Conover Assessment (Pre & Post Tests)* and "*Gaining Control of Ourselves*", a widely recognized anger management workbook. We do not in any way guarantee the quality of the services provided by any of the businesses listed. A complimentary copy of this publication in English or Spanish will be provided upon request to any officer of the court. For additional information, please contact Anderson & Anderson at 310. 207. 3591 or www.andersonservices.com.

Brentwood

Anderson & Anderson

12301 Wilshire Blvd. #418
Telephone: (310) 207-3591
Email georgeanderson@aol.com;
Website: www.andersonservices.com
www.angertrends.blogspot.com
www.andersonservices.com/blog

Groups or Executive Coaching; Days, Evenings, Saturday,
Accelerated Classes

Beverly Hills

Anger Management Center

433 N. Camden,
Telephone: 310-227-9869 (English), 310-658-8561 (Spanish)
Website: www.angermanagementcenters.com
Email: amc42010@yahoo.com
Adults only, days, evenings & weekends. Accelerated
classes. English & Spanish

Canoga Park

IAAA Family Harmony—Armonia Familiar

22148 Sherman Way, 2nd Fl. Suite 106;
Telephone: 818-787-7878;
Website: www.familyharmonyprogram.com
English & Spanish; Days, Evenings

Compton

Compton Ault School,

1104 148th St;
Telephone: 310-898-6470;
Low Fee; Days & Evenings

Covina

The Family Center

540 W. Eremland Drive
Telephone: (626) 966-1577 or (626) 967-5103
Fax (626) 331-4529
E-Mail: info@cifhs.org
Adults only. Group and Individual Instruction, Evenings

Culver City

IAAA Family Harmony—Armonia Familia

4240 Overland Ave;
Telephone: 310-837-1818;
Website: www.familyharmonyprogram.com
English & Spanish; Days, Evenings, Weekends

Anger Management Center,

10866 Washington Blvd.,
Telephone: 310-227-9869 (English), 310-658-8561 (Spanish)
Website: www.angermanagementcenters.com
Email: amc42010@yahoo.com
Adults only. days, evenings & weekends.
Accelerated Classes. English & Spanish

Downey

BCDC Anger Management Service,

8416 Florence Ave., Suite 205
Website: www.bcdcangermanagement.com
Telephone: (562)622-1000
Cell: (562)569-2749
Fax: (562)622-1005

East Los Angeles

IAAA Family Harmony—Armonia Familiar

305 N. Soto ST, Suite B 2nd Fl;
Telephone: 323-873-3113;
Website: www.familyharmonyprogram.com
Español; Dias, Tardes, o Noches

Glendale

Adapt-Aware Zone Inc.

143 S. Glendale Ave. Suite 103
Telephone: 818-243-2746
E-Mail: ADAPTPROGRAM@sbcglobal.net
English & Spanish, Groups and Individual

Hawthorne

Empowerment Zone

Valencia Calahan, M.A, CAMF
13658 Hawthorne Blvd, Suite 202
Telephone: 888-322-9811
E-Mail: Valencia@empowermentzone.biz
Website: www.empowermentzone.biz
Adolescent, Days, Evenings & Weekends. Accelerated
Classes.

Hollywood

Sober Life Inc. Anger Management,

5419 W. Sunset Blvd. Suite 7 Hollywood, CA 90027
(323) 465-3777
Website: www.Soberlifeinc.net
Email: sober_life@sbcglobal.net Co-Ed -Armenian, Spanish,
English, Evening & weekend groups. Adolescents &
Adults. Contact Person: Serge Petrosian

SUPERIOR COURT OF THE STATE OF CALIFORNIA
COUNTY OF LOS ANGELES

PEOPLE OF THE STATE OF CA.,) CASE NO:
Plaintiff,)
vs.) DEFENDANT'S DECLARATION OF
OWNERSHIP AND/OR OPERATION
OF VEHICLES
_____)
_____) Defendant. _____)

I, _____, the defendant in the above-stated matter, hereby declare the following:

_____ The following vehicles are owned by me:

Make:	Model:	Year	Color	License Number	Vin. Number
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

_____ The following vehicles are operated by me:

Make:	Model:	Year	Color	License Number	Vin. Number
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

_____ I do not at present own any vehicles.

_____ I do not at present operate and/or have access to the operation of any vehicles.

I declare under penalty of perjury that the foregoing is true and correct and if called to testify could do so of my own personal knowledge.

Dated: _____ at El Monte, California.

Defendant/Declarant

PREVENTION OF:
ANIMAL CRUELTY
COUNSELING PROGRAM

**COURT
REFERRAL
FORM**

REFERRING AGENCY: _____

DEPUTY DA: _____ Phone: _____

CASE NO.: _____

DEFENDANT: _____
(Last Name) (First Name) (Middle Initial)

(HOME ADDRESS) (APT. #) (CITY) (ZIP) (PHONE NO.)

1. You have been ordered by the court to attend a prevention of animal cruelty counseling program as indicated below: **(Check Appropriate Box)**

LEVEL I	LEVEL II	LEVEL III	DOG FIGHTING OR REPEAT OFFENDER
24 SESSIONS	48 SESSIONS	52 SESSIONS	PSYCHOLOGICAL EVALUATION + 52 SESSIONS

2. You must contact by telephone the program listed below and make an appointment immediately upon leaving the courthouse. You must be enrolled in the program and start the counseling within (14) days.

Program Name: AAA Family Harmony – Armonia Familiar
Office Hours: Monday – Friday 9:00 a.m. – 5:00 p.m. **Telephone:** (818) 787-7878

3. FAILURE TO COMPLY WITH THESE INSTRUCTIONS WILL BE REPORTED TO THE COURT AFTER (14) DAYS.

NOTICE

Referring agency must mail original of this form and copy of arrest report to:

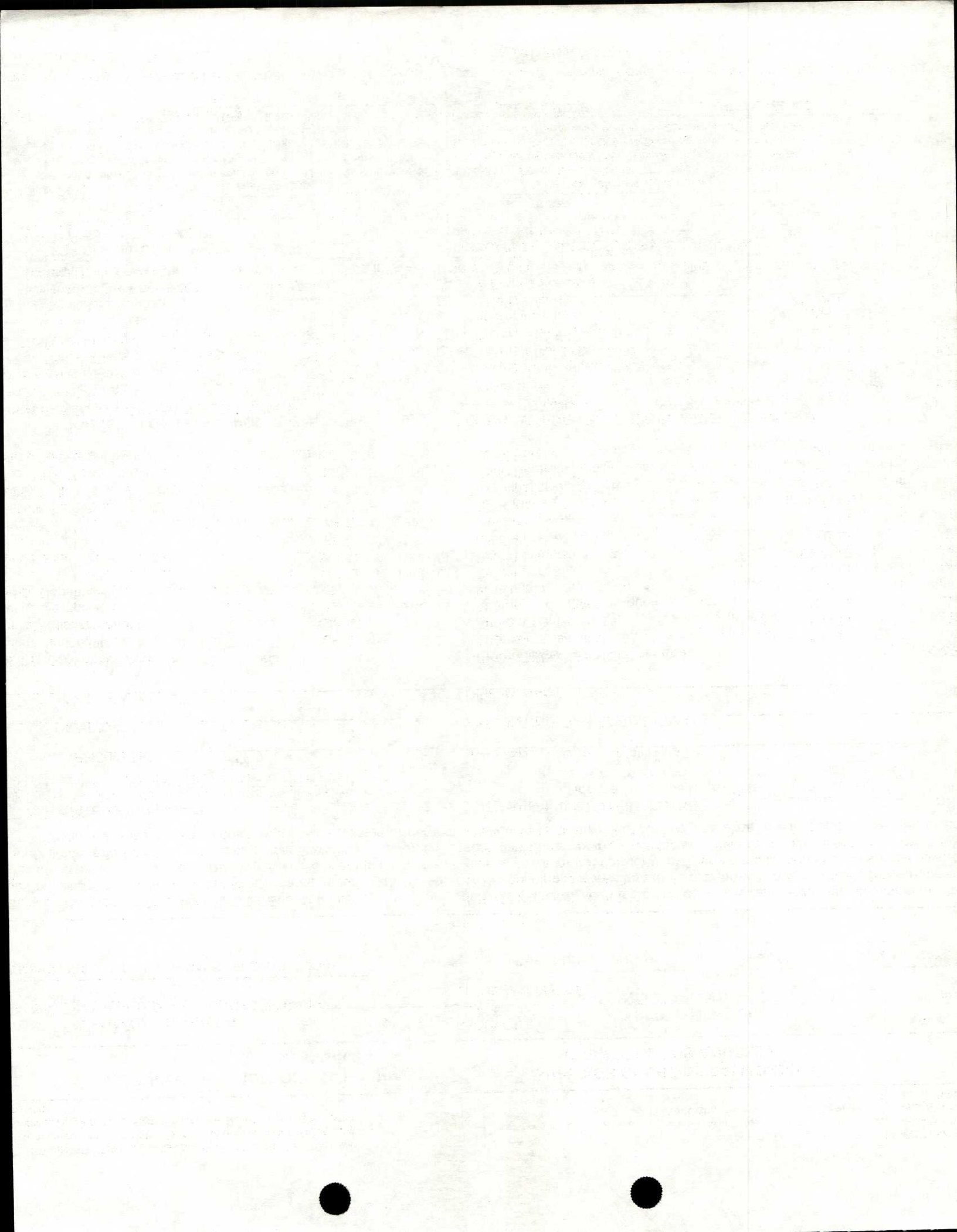
Family Harmony – Armonia Familiar
6850 Van Nuys Boulevard, Suite 100
Van Nuys, CA 91405
Attn: A. Abrams

Family Harmony operates (7) program sites in Los Angeles County. Family Harmony will contact all referrals within (48) hours following receipt of referral forms and copy of arrest report, and match them to the closet location of referral's work or home address.

White – Family Harmony

Blue – Client Copy

Yellow – Court Copy



FOR 987.9 P.C. APPOINTMENTS: Enter in this box the word "CONFIDENTIAL" and complete the box at bottom left. Submit this form to the Superior Court Supervising Judge of the Criminal Division, or, for District cases, the District Supervising Judge, not to the Trial Judge.

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF LOS ANGELES**

PEOPLE VS.
—OR—
IN THE MATTER OF

**APPOINTMENT ORDER
PROFESSIONAL APPOINTEE COURT EXPENSE**

CASE NUMBER (INCLUDE CRIMINAL CASE DEFENDANT CODE)

INSTRUCTIONS TO APPOINTEE: At time of appointment, complete this form, keep the green copy and send all remaining copies to the appointing court Dept./Div. for approval. Attach a self-addressed stamped envelope to be used to return to you the approved blue copy for your record. When approved, this form sets up a case payment account for you. The information must be in system files prior to processing your claim. Subsequent declarations must match the appointment effective date, the case number (including criminal case defendant code) and your appointee ID number. See declaration form PACE 001 for complete instructions.

DATE APPOINTMENT EFFECTIVE: ____ / ____ / ____ APPOINTEE ID NUMBER: _____
MM DD YY Provide the appointee identification number you reported on the "Status Notification Form". **Not your claimant ID number.**

APPOINTEE NAME: (PRINT) _____ PHONE NO: _____

APPOINTING DISTRICT / BRANCH: _____ DEPT./DIV. _____

CLIENT NAME: (PRINT) _____

APPOINTEE TYPE: (Check One)

- Attorney - Conflict ATC
- Attorney - No PD ATU
- Attorney - Other ATO
- Investigator INV
- Doctor DOC
- Expert Witness EXW
- Laboratory LAB
- Interpreter INT
- Translator TLR
- Examination Expert EXM
- Court Reporter CRP
- Legal Runner LGR

CASE TYPE: (Check One)

- Criminal - Felony CF
- Criminal - Misdemeanor CM
- Juvenile Delinquency JD
- Juvenile Dependency JP
- Civil CV
- Mental Health MH
- Family Law FL
- Probate PR
- Appellate AP
- Juvenile Traffic JT
- Traffic - High Grade TR
- Habeas Corpus HC

COUNSEL FOR THIS APPOINTMENT: (Check One)

- Public Defender PD
- ICDA Attorney BP
- Private Attorney PA
- Alternate Public Defender AD
- District Attorney DA
- Attorney General AG
- County Counsel CC
- In Propria Persona PP

IS THIS A PANEL APPOINTMENT: (Check if any)

- ICDA Bar Panel - Class 1 BP 1
- ICDA Bar Panel - Class 2 BP 2
- ICDA Bar Panel - Class 3 BP 3
- ICDA Bar Panel - Class 4 BP 4

ONLY CHECK BAR PANEL CLASS IF YOU HAVE CHECKED ICDA ATTORNEY

FOR CAPITAL CASE DEFENSE INVESTIGATION
987.9 P.C. APPOINTMENTS

NAME OF DEFENSE ATTORNEY

Appointments under the section must be covered by an "authorization to incur expenses submitted by the Defense Attorney and approved for a set amount by the Superior Court Supervising Judge at the Criminal Division, or, for District cases, the District Supervising Judge. Subsequent claims must show signed approval by the defense attorney of record.

- Special Circumstance Case
- (Where Death is Sought)
- All Other
- Lead Counsel
- Second Counsel

Other Panel Type

DATE

APPROVING JUDGE

INTERPRETER'S STATEMENT (If applicable)

I, having been duly sworn or having a written oath on file, certify that I truly translated this Advisement and Waiver of Right to Counsel (*Faretta* waiver) form to the defendant in the language indicated below. The defendant stated that he or she understood the contents on the form, and then initialed and signed the form.

Language: Spanish Other (specify) _____

Signed: _____ Dated: _____

COURT INTERPRETER

TYPE OR PRINT NAME

Initials

- K. I understand that if at some point an appointed attorney does take over my case, that attorney may be at a disadvantage and that such a disadvantage will not be considered an issue on appeal.
- L. I understand that misconduct occurring outside of court may also result in restriction or termination of my right to act as my own attorney. I also understand that acting as my own attorney will not shield me from disciplinary actions within the jail, and that I will be subject to the same disciplinary measures as all other inmates for misconduct occurring in the jail.
- M. I understand that any defendant who is represented by an attorney prior to being convicted may complain as part of a timely appeal that the attorney's assistance was ineffective. I understand that by acting as my own attorney, I am giving up any right to claim on appeal that I had ineffective assistance of counsel.

CHARGES AND CONSEQUENCES

4. I understand that I am giving up having a professional attorney explain to me what crimes I am charged with, and any possible legal defenses I may have to those crimes.
5. I understand that I am giving up having a professional attorney explain to me how and which charges and enhancements require proof of general criminal intent, which charges require proof of a specific intent or mental state, and what state of mind may apply to any defenses I may have.
6. I understand that I am giving up having a professional attorney determine what facts must be proved before I can be found guilty and that if I do not know what those facts are, I will have to learn about those facts on my own.
7. I understand that I am giving up having a professional attorney determine, if I am convicted, what post-trial motions and sentencing options I may have, and to present those motions and options to the Court.

COURT'S ADVICE AND RECOMMENDATION

8. I understand that it is the advice and recommendation of this Court that I do not act as my own attorney and that I accept a court-appointed attorney. I understand that if I accept a court-appointed attorney, a trial attorney will be assigned to defend me. I understand that the attorney would be able to investigate my case, file pretrial motions, conduct the trial, and generally advise me on what to do.
9. I understand that this written request to act as my own attorney will be filed with and become part of the court case file. I further understand that on any appeal that may be taken from a conviction, or upon the filing of a petition for an extraordinary writ, this request will be forwarded to any court of appeal and will be considered by that court in determining whether I knowingly and intelligently waived my right to an attorney.
10. I understand all that I have read and understood all that the Court has told me. Having in mind all that I have been advised and all of the dangers and disadvantages of acting as my own attorney, it is still my request that I act as my own attorney.

I hereby certify that I have read, understood and considered all of the above warnings included in this petition, and I still want to act as my own attorney. I freely and voluntarily give up my right to have a professional attorney represent me.

Signed: _____ Dated: _____

DEFENDANT'S SIGNATURE

D. I have previously acted as my own attorney in the following criminal matters: Never.

Case	Court	Year	Result

DANGERS AND DISADVANTAGES OF SELF-REPRESENTATION

Initials

3. I understand that there are many dangers and disadvantages in not having a professional attorney represent me. I understand that among those dangers and disadvantages are the following:

- A. I understand that if I act as my own attorney, it will be necessary for me, WITHOUT THE ASSISTANCE OF A PROFESSIONAL ATTORNEY, to follow all of the requirements of the criminal law, criminal procedure, law of evidence, and rules of court.
- B. I understand that the case against me will be handled by a prosecutor who is an experienced trial attorney, and that I will not be entitled to special consideration or assistance by the prosecutor prior to or during the course of the trial.
- C. I understand that if I act as my own attorney, it will be necessary for me WITHOUT THE ASSISTANCE OF A PROFESSIONAL ATTORNEY, to conduct my own trial, consisting of, but not limited to: making pretrial motions, selecting a jury, making an opening statement, cross-examining the witnesses for the prosecution, subpoenaing and presenting my own witnesses, making appropriate objections and motions during the course of the trial, preparing and presenting proposed jury instructions to the Court, making the final argument, and, in the event of a conviction, making appropriate motions after trial and representing myself at the time of any probation or sentencing hearing.
- D. I understand that I will not and cannot expect to receive any special consideration or assistance from the Court. I further understand that the Court is not permitted to and will not answer any questions I may have concerning how I should proceed, what law might apply or the correct procedure.
- E. I understand that if I ask for any additional money over the initial amount granted by the Court, I must use that money only for my defense and I will be required to keep and show the Court receipts for anything I have purchased with the money granted to me.
- F. I understand that if I am in jail, it will be more difficult for me to contact witnesses and investigate my case. I understand that I will have limited access to a telephone, which will make preparations for trial more difficult, and that I will be provided no more access to the law library than any other inmate who acts as his own attorney, and that access is limited. I understand that I must be familiar with Los Angeles County Court Rule 6.41, which explains the rules that defendants who act as their own attorney at the Los Angeles County Jail must follow.
- G. I understand that no continuance of the trial will be allowed without a showing of good cause, and that such requests made just before trial will most likely be denied.
- H. I understand that depending on the stage of my case, if I change my mind and request an attorney to handle my case, the Court may deny this request and that I may have to proceed with the trial without an attorney.
- I. I understand that in conducting the trial, I will be limited in my movements in the courtroom. All documents, for example, will be handed to witnesses when necessary through the bailiff. I will be required to remain in my seat at counsel table and will not have free movement in the courtroom.
- J. I understand that I must not act disrespectfully in court. I understand that the Judge may terminate my right to act as my own attorney in the event that I engage in serious misconduct or obstruct the conduct and progress of the trial. I understand that if my right to act as my own attorney is terminated, I may have to be represented by an attorney, appointed by the Judge, who will then take over the case at whatever stage the case may be in.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES		<small>Reserved for Clerk's File Stamp</small>	
PLAINTIFF: PEOPLE OF THE STATE OF CALIFORNIA			
DEFENDANT:			
ADVISEMENT AND WAIVER OF RIGHT TO COUNSEL (Faretta Waiver)		CASE NUMBER:	DEPT:

Fill out this form if you wish to act as your own attorney (*in propria persona* or "pro per"). Initial the box for each item only if you understand and agree with it, and sign and date the form at the end where it says "DEFENDANT'S SIGNATURE." If you have any questions about anything on this form, ask your attorney, if you have one, or the judge. The judge may ask you questions about your decision to give up your right to be represented by a professional attorney.

CONSTITUTIONAL RIGHTS

Initials

- | | |
|--|--|
| <p>1. I am the defendant in the above-entitled case. I can read and write. I understand that my constitutional rights include the following:</p> <p>A. Right to an Attorney — I understand that I have an absolute right to be represented by an attorney at all stages of the proceedings and, if I do not have the money to pay for an attorney, that one will be appointed for me by the Court at no cost.</p> <p>B. Right to a Speedy and Public Jury Trial — I understand that I have a right to a speedy and public trial by a jury of twelve citizens drawn from the community.</p> <p>C. Right to Subpoena Witnesses and Records — I understand that I have the right to the reasonable use of the subpoena power of the Court, at no cost to me, to subpoena any witnesses or any documents that I may need in my defense.</p> <p>D. Right to Confront And Cross-Examine Witnesses — I understand that I have the right to confront in open court all witnesses who will be called to testify against me, and that I have the right to cross-examine those witnesses at the time of trial.</p> <p>E. Right Against Self-Incrimination — I understand that I cannot be compelled to testify at the trial, but that I have the right to testify at my trial if I wish to do so.</p> <p>F. Right to be Released on Bail — I understand that I may have the right to be released from jail pending trial on reasonable bail.</p> <p>G. Right to Self-Representation — I understand that I have a right to act as my own attorney and may waive my right to the assistance of a professional attorney. I further understand that if I choose to act as my own attorney, I will have to conduct my own defense WITHOUT THE ASSISTANCE OF A PROFESSIONAL ATTORNEY.</p> | <input type="checkbox"/>

<input type="checkbox"/>

<input type="checkbox"/>

<input type="checkbox"/>

<input type="checkbox"/>

<input type="checkbox"/>

<input type="checkbox"/>

<input type="checkbox"/>

<input type="checkbox"/> |
|--|--|

PERSONAL INFORMATION

2. In support of my request to act as my own attorney, I offer the Court the following personal information:
- A. Age: _____
- B. The highest educational level I have reached is : _____
- C. Legal education I have received: _____

INTERPRETER'S STATEMENT (If applicable)

I, having been duly sworn or having a written oath on file, certify that I truly translated this Advisement and Waiver of Right to Counsel (*Faretta* waiver) form to the defendant in the language indicated below. The defendant stated that he or she understood the contents on the form, and then initialed and signed the form.

Language: Spanish Other (specify) _____

Signed: _____ Dated: _____

COURT INTERPRETER

TYPE OR PRINT NAME

Initials

- K. I understand that if at some point an appointed attorney does take over my case, that attorney may be at a disadvantage and that such a disadvantage will not be considered an issue on appeal.
- L. I understand that misconduct occurring outside of court may also result in restriction or termination of my right to act as my own attorney. I also understand that acting as my own attorney will not shield me from disciplinary actions within the jail, and that I will be subject to the same disciplinary measures as all other inmates for misconduct occurring in the jail.
- M. I understand that any defendant who is represented by an attorney prior to being convicted may complain as part of a timely appeal that the attorney's assistance was ineffective. I understand that by acting as my own attorney, I am giving up any right to claim on appeal that I had ineffective assistance of counsel.

CHARGES AND CONSEQUENCES

- 4. I understand that I am giving up having a professional attorney explain to me what crimes I am charged with, and any possible legal defenses I may have to those crimes.
- 5. I understand that I am giving up having a professional attorney explain to me how and which charges and enhancements require proof of general criminal intent, which charges require proof of a specific intent or mental state, and what state of mind may apply to any defenses I may have.
- 6. I understand that I am giving up having a professional attorney determine what facts must be proved before I can be found guilty and that if I do not know what those facts are, I will have to learn about those facts on my own.
- 7. I understand that I am giving up having a professional attorney determine, if I am convicted, what post-trial motions and sentencing options I may have, and to present those motions and options to the Court.

COURT'S ADVICE AND RECOMMENDATION

- 8. I understand that it is the advice and recommendation of this Court that I do not act as my own attorney and that I accept a court-appointed attorney. I understand that if I accept a court-appointed attorney, a trial attorney will be assigned to defend me. I understand that the attorney would be able to investigate my case, file pretrial motions, conduct the trial, and generally advise me on what to do.
- 9. I understand that this written request to act as my own attorney will be filed with and become part of the court case file. I further understand that on any appeal that may be taken from a conviction, or upon the filing of a petition for an extraordinary writ, this request will be forwarded to any court of appeal and will be considered by that court in determining whether I knowingly and intelligently waived my right to an attorney.
- 10. I understand all that I have read and understood all that the Court has told me. Having in mind all that I have been advised and all of the dangers and disadvantages of acting as my own attorney, it is still my request that I act as my own attorney.

I hereby certify that I have read, understood and considered all of the above warnings included in this petition, and I still want to act as my own attorney. I freely and voluntarily give up my right to have a professional attorney represent me.

Signed: _____ Dated: _____

DEFENDANT'S SIGNATURE

D. I have previously acted as my own attorney in the following criminal matters: Never.

Case	Court	Year	Result

DANGERS AND DISADVANTAGES OF SELF-REPRESENTATION

Initials

3. I understand that there are many dangers and disadvantages in not having a professional attorney represent me. I understand that among those dangers and disadvantages are the following:

- A. I understand that if I act as my own attorney, it will be necessary for me, WITHOUT THE ASSISTANCE OF A PROFESSIONAL ATTORNEY, to follow all of the requirements of the criminal law, criminal procedure, law of evidence, and rules of court.
- B. I understand that the case against me will be handled by a prosecutor who is an experienced trial attorney, and that I will not be entitled to special consideration or assistance by the prosecutor prior to or during the course of the trial.
- C. I understand that if I act as my own attorney, it will be necessary for me WITHOUT THE ASSISTANCE OF A PROFESSIONAL ATTORNEY, to conduct my own trial, consisting of, but not limited to: making pretrial motions, selecting a jury, making an opening statement, cross-examining the witnesses for the prosecution, subpoenaing and presenting my own witnesses, making appropriate objections and motions during the course of the trial, preparing and presenting proposed jury instructions to the Court, making the final argument, and, in the event of a conviction, making appropriate motions after trial and representing myself at the time of any probation or sentencing hearing.
- D. I understand that I will not and cannot expect to receive any special consideration or assistance from the Court. I further understand that the Court is not permitted to and will not answer any questions I may have concerning how I should proceed, what law might apply or the correct procedure.
- E. I understand that if I ask for any additional money over the initial amount granted by the Court, I must use that money only for my defense and I will be required to keep and show the Court receipts for anything I have purchased with the money granted to me.
- F. I understand that if I am in jail, it will be more difficult for me to contact witnesses and investigate my case. I understand that I will have limited access to a telephone, which will make preparations for trial more difficult, and that I will be provided no more access to the law library than any other inmate who acts as his own attorney, and that access is limited. I understand that I must be familiar with Los Angeles County Court Rule 6.41, which explains the rules that defendants who act as their own attorney at the Los Angeles County Jail must follow.
- G. I understand that no continuance of the trial will be allowed without a showing of good cause, and that such requests made just before trial will most likely be denied.
- H. I understand that depending on the stage of my case, if I change my mind and request an attorney to handle my case, the Court may deny this request and that I may have to proceed with the trial without an attorney.
- I. I understand that in conducting the trial, I will be limited in my movements in the courtroom. All documents, for example, will be handed to witnesses when necessary through the bailiff. I will be required to remain in my seat at counsel table and will not have free movement in the courtroom.
- J. I understand that I must not act disrespectfully in court. I understand that the Judge may terminate my right to act as my own attorney in the event that I engage in serious misconduct or obstruct the conduct and progress of the trial. I understand that if my right to act as my own attorney is terminated, I may have to be represented by an attorney, appointed by the Judge, who will then take over the case at whatever stage the case may be in.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES		<small>Reserved for Clerk's File Stamp</small>
PLAINTIFF: PEOPLE OF THE STATE OF CALIFORNIA		
DEFENDANT:		
ADVISEMENT AND WAIVER OF RIGHT TO COUNSEL (Faretta Waiver)		CASE NUMBER: _____ DEPT: _____

Fill out this form if you wish to act as your own attorney (*in propria persona* or "pro per"). Initial the box for each item only if you understand and agree with it, and sign and date the form at the end where it says "DEFENDANT'S SIGNATURE." If you have any questions about anything on this form, ask your attorney, if you have one, or the judge. The judge may ask you questions about your decision to give up your right to be represented by a professional attorney.

CONSTITUTIONAL RIGHTS

Initials

- | | |
|--|--|
| <p>1. I am the defendant in the above-entitled case. I can read and write. I understand that my constitutional rights include the following:</p> <p>A. Right to an Attorney — I understand that I have an absolute right to be represented by an attorney at all stages of the proceedings and, if I do not have the money to pay for an attorney, that one will be appointed for me by the Court at no cost.</p> <p>B. Right to a Speedy and Public Jury Trial — I understand that I have a right to a speedy and public trial by a jury of twelve citizens drawn from the community.</p> <p>C. Right to Subpoena Witnesses and Records — I understand that I have the right to the reasonable use of the subpoena power of the Court, at no cost to me, to subpoena any witnesses or any documents that I may need in my defense.</p> <p>D. Right to Confront And Cross-Examine Witnesses — I understand that I have the right to confront in open court all witnesses who will be called to testify against me, and that I have the right to cross-examine those witnesses at the time of trial.</p> <p>E. Right Against Self-Incrimination — I understand that I cannot be compelled to testify at the trial, but that I have the right to testify at my trial if I wish to do so.</p> <p>F. Right to be Released on Bail — I understand that I may have the right to be released from jail pending trial on reasonable bail.</p> <p>G. Right to Self-Representation — I understand that I have a right to act as my own attorney and may waive my right to the assistance of a professional attorney. I further understand that if I choose to act as my own attorney, I will have to conduct my own defense WITHOUT THE ASSISTANCE OF A PROFESSIONAL ATTORNEY.</p> | <input type="checkbox"/>

<input type="checkbox"/>

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<input type="checkbox"/>

<input type="checkbox"/>

<input type="checkbox"/>

<input type="checkbox"/> |
|--|--|

PERSONAL INFORMATION

2. In support of my request to act as my own attorney, I offer the Court the following personal information:
- A. Age: _____
- B. The highest educational level I have reached is : _____
- C. Legal education I have received: _____

PLEA(S)

35. I hereby freely and voluntarily plead _____ to:
GUILTY OR NO CONTEST

INITIALS ↓

LIST CHARGE(S)

35.

36. I understand that I have the right to a delay of from 6 hours to 5 days prior to being sentenced. I give up this right and agree to be sentenced at this time.

36.

37. If applicable - I understand that I have the right to enter my plea before, and to be sentenced by, a judge. I give up this right and agree to enter my plea before, and to be sentenced by:

37.

TEMPORARY JUDGE'S NAME

**** DEFENDANT'S SIGNATURE:** _____ **DATE:** _____

ATTORNEY'S STATEMENT

I am the attorney of record for the defendant. I have reviewed the form and any addenda with my client. I have explained each of the defendant's rights to the defendant and answered all of the defendant's questions with regard to this plea. I have also discussed the facts of the defendant's case with the defendant, and explained the consequences of this plea, the elements of the offense(s), and the possible defenses. I concur in this plea and in the defendant's decision to waive his or her constitutional rights.

SIGNATURE OF DEFENDANT'S ATTORNEY

DATE

INTERPRETER'S STATEMENT (if applicable)

I, having been sworn or having a written oath on file, certify that I truly translated this form to the defendant in the language indicated below. The defendant stated that (s)he understood the contents of the form, and then (s)he initialed and signed the form. Language: Spanish Other (specify): _____

COURT INTERPRETER'S SIGNATURE

TYPE OR PRINT NAME

DATE

COURT'S FINDINGS AND ORDER

The Court, having reviewed this form and any addenda, and having questioned the defendant concerning the defendant's constitutional rights, finds that the defendant has expressly, knowingly, understandingly and intelligently waived his or her constitutional rights. The Court finds that the defendant's plea is freely and voluntarily made with an understanding of the nature and consequences thereof, and that there is a factual basis for the plea. The Court accepts the defendant's plea and orders this form filed and incorporated in the docket by reference as though fully set forth therein.

Judge of the Superior Court

Temporary Judge of the Superior Court

DATE

CONSEQUENCES OF PLEA OF GUILTY OR NO CONTEST (Continued)

INITIALS ↓

23. I understand that the DMV will notify me that I am required to install an ignition interlock device in all vehicles that I own or operate, and it will issue a restricted license if I comply.

23.

24. I understand that the DMV may suspend my driver's license under a civil procedure which is separate from this criminal action. I understand that the DMV's action, if any, will be in addition to the Court's sentence and that I must obey it.

24.

25. I understand that the DMV will prohibit me from operating a **commercial** vehicle for one year if I am convicted of a first DUI violation, or willfully refused to submit to or complete a chemical test to determine my blood-alcohol level, which occurred in **any** vehicle.

25.

26. I understand that the DMV will revoke my driver's license for a period of 4 years if I have a prior felony conviction in the past 10 years of Vehicle Code § 23152 or 23153 or Penal Code § 191.5(b) or 192(c)(1), or any conviction within 10 years of Penal Code § 191.5(a) or 192.5(a).

26.

27. I understand that proof of my successful completion of an alcohol/drug program must be received at DMV headquarters in order for me to have my driving privilege reinstated, **even if I am not ordered to attend such a program by the Court.** I also understand that I must surrender my license to the Court.

27.

28. I understand that the DMV will not restore my driving privilege following a driver's license suspension unless I provide the DMV with proof of insurance for 3 years.

28.

29. I understand that the DMV may consider any of my other convictions for DUI or reckless driving, **even those that are not charged in this proceeding,** and may impose a more severe driver's license suspension, or revocation as a result.

29.

30. I understand that if I am not a citizen, a plea of guilty or no contest (*nolo contendere*) could result in my deportation, exclusion from admission to this country, or denial of naturalization.

30.

31. I understand that a plea of no contest will have exactly the same effect in this case as a plea of guilty, but it cannot be used against me in a civil lawsuit.

31.

32. I understand that any plea entered in this case may be grounds for revoking probation or parole which has previously been granted to me in any other case.

32.

33. I understand that if I am placed on probation, it is unlawful to drive with a blood-alcohol level of .01 percent or greater and my license will be suspended by the DMV for up to one year if I do so.

33.

PENALTIES FOR OTHER CHARGES

34. **If applicable** - I understand that the possible consequences for the offense(s) charged, which are not listed on the penalty charts on page 2, include the following:

• _____
SECTION NUMBER JAIL - MIN. MAX. FINE - MIN. MAX.

OTHER CONSEQUENCES : _____

• _____
SECTION NUMBER JAIL - MIN. MAX. FINE - MIN. MAX.

OTHER CONSEQUENCES : _____

• _____
SECTION NUMBER JAIL - MIN. MAX. FINE - MIN. MAX.

OTHER CONSEQUENCES : _____

34.

CONSTITUTIONAL RIGHTS/WAIVER OF RIGHTS (Continued)

INITIALS ↓
13.
14.
15.
16.

13. **RIGHT AGAINST SELF-INCRIMINATION** - I understand that I have the right to remain silent and not incriminate myself, and the right to testify on my own behalf. I understand that by pleading guilty or no contest, I am incriminating myself.
14. I give up my right to remain silent and to not incriminate myself.
15. **RIGHT TO PRODUCE EVIDENCE** - I understand that I have the right to present evidence and to have the Court issue subpoenas to bring into court all witnesses and evidence favorable to me, at no cost to me.
16. I give up my right to produce evidence and witnesses on my own behalf.

SENTENCES FOR DRIVING UNDER THE INFLUENCE OF ALCOHOL AND/OR DRUGS (Section 23152)

Offense	Minimum and Maximum Sentences when Probation is Granted (3 to 5 Years Probation Term)	Minimum and Maximum Sentences without Probation
First offense within 10 years	The Court may order a jail term of 48 hours to 6 months. It will impose a fine of \$390 to \$1,000 and order me to complete a 3-month alcohol/drug treatment program. If my blood-alcohol content was .20 % or more, or if I refused a chemical test upon my arrest, I must complete a 9-month treatment program. The DMV will also impose a 6-month driver's license suspension, or a 10-month license suspension if the 9-month program is required.	96 hours to 6 months in jail, and a \$390 to \$1,000 fine. The DMV will also impose a 6-month driver's license suspension.
Second offense within 10 years	A jail term of either: (a) 10 days to 1 year, or (b) 96-hours to 1 year; a \$390 to \$1,000 fine, and completion of an 18-month alcohol/drug treatment program. The DMV will also impose a 2-year driver's license suspension.	90 days to 1 year in jail, and a \$390 to \$1,000 fine. The DMV will also impose a 2-year driver's license suspension.

SENTENCES FOR RECKLESS DRIVING (Sections 23103, 23103.5)

Offense	Minimum and Maximum Sentences	Other Consequences
Reckless driving reduced from driving under the influence (DUI)	If probation is granted: A maximum of 90 days in jail, or \$1,000 fine, or both, plus attendance at treatment program. If probation is not granted: 5 days to 90 days in jail, or \$145 to \$1,000 fine, or both.	If alcohol or drugs are involved, this conviction will act as a separate DUI conviction if I commit a subsequent DUI offense within 10 years.

CONSEQUENCES OF PLEA OF GUILTY OR NO CONTEST

INITIALS ↓
17.
18.
19.
20.
21.
22.

17. I have read and understood the above charts which list the minimum and maximum penalties for the offense(s) I am charged with. (See item No. 34 for the offenses not listed in the charts.) . . .
18. I understand that in addition to the fine, **the Court will add assessments which will significantly increase the amount I must pay.** I will also be ordered to make restitution and to pay a restitution fine of \$120 to \$1,000 unless the Court finds compelling and extraordinary reasons not to do so. . .
19. I understand that if I was under the age of 21 at the time of my arrest, my driver's license will also be suspended for 1 year, and I must surrender my license to the Court.
20. I understand that if my blood-alcohol level was .15 percent or above, or if I refused to submit to a chemical test, the Court will consider this in determining whether to enhance the penalties, grant probation, or impose additional terms of probation.
21. I understand that being under the influence of alcohol or drugs, or both, impairs my ability to safely operate a motor vehicle. Therefore, it is extremely dangerous to human life to drive while under the influence of alcohol or drugs, or both. If I continue to drive while under the influence of alcohol or drugs, or both, and as a result of my driving, someone is killed, I can be charged with murder.
22. I understand that the Court may order my vehicle impounded at my expense for up to 30 days. It may also require me to install and maintain an ignition interlock device for up to three years. Installation of this device, which prevents the vehicle from starting if I have alcohol in my body, does not authorize me to drive without a valid license.

SUPERIOR COURT OF CALIFORNIA		<i>Reserved for Clerk's File Stamp</i>		
COUNTY:	COUNTY OF LOS ANGELES			
PLAINTIFF:	PEOPLE OF THE STATE OF CALIFORNIA			
DEFENDANT:				
DUI ADVISEMENT OF RIGHTS, WAIVER, AND PLEA FORM (First Offense Only - Vehicle Code § 23152)		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">CASE NUMBER:</td> <td style="font-size: x-small;">DEPARTMENT:</td> </tr> </table>	CASE NUMBER:	DEPARTMENT:
CASE NUMBER:	DEPARTMENT:			

INSTRUCTIONS

Fill out this form if you wish to plead guilty or no contest to the charges against you. Initial the box for each applicable item only if you understand it, and **sign and date the form on page 4**. If you have any questions about your case, the possible sentence, or the information on this form, ask your attorney or the judge.

RIGHT TO AN ATTORNEY

1. I understand that I have the right to be represented by an attorney throughout the proceedings. I understand that the Court will appoint a free attorney for me if I cannot afford to hire one, but at the end of the case, I may be asked to pay all or part of the cost of that attorney, if I can afford to. I understand that there are dangers and disadvantages to giving up my right to an attorney, and that it is almost always unwise to represent myself.
2. I give up my right to an attorney, and I choose to represent myself. (Does not apply if you have an attorney.)

INITIALS ↓
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12.

NATURE OF THE CHARGES (Initial all items you are charged with.)

I understand that I am charged with a violation of Vehicle Code section(s):

3. **23152(a)** - Driving under the influence of alcohol or drugs, or both.
4. **23152(b)** - Driving when my blood-alcohol level was .08 percent or higher.
5. **23152(d)** - Driving a commercial vehicle when my blood-alcohol level was .04 percent or higher.
6. **23103, 23103.5** - Reckless driving involving alcohol or drugs, or both.
7. **If applicable** - I understand that I am also charged with the following **other offense(s)**:

TYPE OF OFFENSE(S) AND SECTION NUMBER(S)

8. I understand the charge(s) against me, and the possible pleas and defenses.

CONSTITUTIONAL RIGHTS/WAIVER OF RIGHTS

9. **RIGHT TO A JURY TRIAL** - I understand that I have the right to a speedy, public jury trial. At the trial, I would be presumed innocent, and I could not be convicted unless 12 impartial jurors were convinced of my guilt beyond a reasonable doubt.
10. I give up my right to a jury trial.
11. **RIGHT TO CONFRONT WITNESSES** - I understand that I have the right to confront and cross-examine all witnesses testifying against me.
12. I give up my right to confront and cross-examine witnesses.

INITIALS ↓

32. If applicable - I understand that I have the right to enter my plea before, and to be sentenced by, a judge. I give up this right and agree to enter my plea before, and to be sentenced by:

32.

TEMPORARY JUDGE'S NAME

**** DEFENDANT'S SIGNATURE:** _____ **DATE:** _____

ATTORNEY'S STATEMENT

I am the attorney of record for the defendant. I have reviewed the form and any addenda with my client. I have explained each of the defendant's rights to the defendant and answered all of the defendant's questions with regard to this plea. I have also discussed the facts of the defendant's case with the defendant, and explained the consequences of this plea, the elements of the offense(s), and the possible defenses. I concur in this plea and in the defendant's decision to waive his or her constitutional rights.

SIGNATURE OF DEFENDANT'S ATTORNEY

DATE

INTERPRETER'S STATEMENT (if applicable)

I, having been sworn or having a written oath on file, certify that I truly translated this form to the defendant in the language indicated below. The defendant stated that (s)he understood the contents of the form, and then (s)he initialed and signed the form. Language: Spanish Other (specify): _____

COURT INTERPRETER'S SIGNATURE

TYPE OR PRINT NAME

DATE

COURT'S FINDINGS AND ORDER

The Court, having reviewed this form and any addenda, and having questioned the defendant concerning the defendant's constitutional rights and the defendant's admission of prior conviction(s) and probation violation(s), if any, finds that the defendant has expressly, knowingly, understandingly and intelligently waived his or her constitutional rights. The Court finds that the defendant's plea(s) and admission(s) are freely and voluntarily made with an understanding of the nature and consequences thereof, and that there is a factual basis for the plea(s). The Court accepts the defendant's plea(s), the defendant's admission of the prior conviction(s) and probation violation(s), if any, and orders this form filed and incorporated in the docket by reference as though fully set forth therein.

Judge of the Superior Court

DATE

Temporary Judge of the Superior Court

SENTENCE FOR DRIVING WITHOUT A VALID LICENSE

Vehicle Code
Section 12500(a)

Up to 6 months in jail, or a fine of up to \$1,000, or both.

CONSEQUENCES OF PLEA OF GUILTY OR NO CONTEST

INITIALS ↓

- 20. I have read and understood the penalty charts which list the minimum and maximum penalties for the offense(s) I am charged with. (See item No. 27 for the offenses not listed in the charts.)
- 21. I understand that in addition to the fine, **the Court will add assessments which will significantly increase the amount I must pay.** I will also be ordered to make restitution and to pay a restitution fine of \$120 to \$1,000, unless the Court finds compelling and extraordinary reasons not to do so.
- 22. I understand that in addition to any other penalty, the Court may impound my vehicle for an additional 6 months for a first conviction of section 14601 *et seq.*, or up to 12 months for a second or subsequent conviction.
- 23. I understand that my vehicle will be subject to forfeiture as a nuisance if I drive in violation of a license suspension or revocation (V.C. § 14601 *et seq.*) or without a license (V.C. § 12500(a)) and I am the registered owner of the vehicle.
- 24. I understand that if I am not a citizen, a plea of guilty or no contest could result in my deportation, exclusion from admission to this country, or denial of naturalization.
- 25. I understand that a plea of no contest (*nolo contendere*) will have exactly the same effect in this case as a plea of guilty, but it cannot be used against me in a civil lawsuit.
- 26. I understand that any plea entered in this case may be grounds for revoking probation or parole which has previously been granted to me in any other case.

20.
21.
22.
23.
24.
25.
26.

PENALTIES FOR OTHER CHARGES

27. **If applicable** - I understand that the possible consequences for the offense(s) charged, which are not listed on the penalty charts on page 2, include the following:

SECTION NUMBER	JAIL - MIN.	MAX.	FINE - MIN.	MAX.
OTHER CONSEQUENCES : _____				

SECTION NUMBER	JAIL - MIN.	MAX.	FINE - MIN.	MAX.
OTHER CONSEQUENCES : _____				

SECTION NUMBER	JAIL - MIN.	MAX.	FINE - MIN.	MAX.
OTHER CONSEQUENCES : _____				

27.

PLEA(S)

28. I hereby freely and voluntarily plead _____ to the following:

GUILTY OR NO CONTEST

LIST CHARGE(S)

- 29. **If applicable** - I freely and voluntarily admit the prior conviction(s) that I listed on this form. I understand that this admission will increase the penalties which are imposed on me.
- 30. **If applicable** - I freely and voluntarily admit the probation violation(s) that I listed on this form and give up my right to a hearing before a judge regarding the probation violation(s).
- 31. I understand that I have the right to a delay of from 6 hours to 5 days prior to being sentenced. I give up my right and agree to be sentenced at this time.

28.
29.
30.
31.

CONSTITUTIONAL RIGHTS (Continued)

- 10. **RIGHT TO CONFRONT WITNESSES** - I understand that I have the right to confront and cross-examine all witnesses testifying against me.
- 11. **RIGHT AGAINST SELF-INCRIMINATION** - I understand that I have the right to remain silent and not incriminate myself, and the right to testify on my own behalf. I understand that by pleading guilty or no contest, or admitting prior conviction(s) or probation violation(s), I am incriminating myself.
- 12. **RIGHT TO PRODUCE EVIDENCE** - I understand that I have the right to present evidence and to have the Court issue subpoenas to bring into court all witnesses and evidence favorable to me, at no cost to me.

INITIALS ↓
10.
11.
12.
13.
14.
15.
16.
17.
18.

RIGHTS ON CHARGES OF PRIOR CONVICTION(S) AND PROBATION VIOLATION(S)

- 13. **If applicable** - I understand that I have the right to an attorney, the right to a jury trial, the right to confront witnesses, the right against self-incrimination, and the right to produce evidence and witnesses for all of the charges against me, including any alleged prior conviction(s) or probation violation(s). However, for a charge of violating probation, I do not have the right to a jury trial, although I do have the right to a hearing before a judge.

WAIVER OF RIGHTS

Understanding all the above, for all of the charges against me, including any alleged prior conviction(s) or probation violation(s):

- 14. I give up my right to an attorney, and I choose to represent myself. (Does not apply if I have an attorney.)
- 15. I give up my right to a jury trial.
- 16. I give up my right to confront and cross-examine witnesses.
- 17. I give up my right to remain silent and to not incriminate myself.
- 18. I give up my right to produce evidence and witnesses on my own behalf.

SENTENCES FOR DRIVING IN VIOLATION OF A LICENSE SUSPENSION, REVOCATION, OR RESTRICTION

Vehicle Code Section	First Offense	Second or Subsequent Offense: I have prior conviction(s) in past 5 years of sections 14601, 14601.1, 14601.2, or 14601.5.
14601	5 days to 6 months in jail, and a fine of \$300 to \$1,000.	10 days to 1 year in jail, and a fine of \$500 to \$2,000. 10 days in jail required if probation is imposed.
14601.1	Up to 6 months in jail, or a fine of \$300 to \$1,000, or both.	5 days to 1 year in jail, and a fine of \$500 to \$2,000.
14601.2	10 days to 6 months in jail, and a fine of \$300 to \$1,000. 10 days in jail required if probation is imposed. <small>If I have been designated as an habitual traffic offender within 3 years of this conviction, I will, in addition, be sentenced to serve 180 days in jail and to pay a \$2,000 fine.</small>	30 days to 1 year in jail, and a fine of \$500 to \$2,000. 30 days in jail required if probation is imposed.
14601.5	Up to 6 months in jail, or a fine of \$300 to \$1,000, or both.	10 days to 1 year in jail, and a fine of \$500 to \$2,000. <small>Note- section 14601.3 also constitutes a prior conviction for this offense.</small>
Vehicle Code Section	First Offense	Second or Subsequent Offense: Prior conviction(s) in past 7 years of section 14601.3.
14601.3	30 days in jail, and a fine of \$1,000.	180 days in jail, and a fine of \$2,000.

ADDITIONAL PENALTIES (Ignition Interlock Device)

- 19. I understand that if I am convicted of a violation of section 14601.2, or if the original charge was for a violation of that section but I am pleading to section 14601, 14601.1 or 14601.5, the Court will require me to install an ignition interlock device (IID) on any vehicle that I own or operate for a period of up to three years. Installation of this device, which prevents the vehicle from starting if I have alcohol in my body, does not authorize me to drive without a valid driver's license. Failure to install the IID shall result in the suspension of my driver's license by the DMV.

INITIALS ↓
19.

SUPERIOR COURT OF CALIFORNIA	<i>Reserved for Clerk's File Stamp</i>	
COUNTY:	COUNTY OF LOS ANGELES	
PLAINTIFF:	PEOPLE OF THE STATE OF CALIFORNIA	
DEFENDANT:		
ADVISEMENT OF RIGHTS, WAIVER, AND PLEA FORM (Vehicle Code § 14601 et seq.; Vehicle Code § 12500(a))	CASE NUMBER:	DEPARTMENT:

INSTRUCTIONS

Fill out this form if you wish to plead guilty or no contest to the charges against you. Initial the box for each applicable item only if you understand it, and **sign and date the form on page 4**. If you have any questions about your case, the possible sentence, or the information on this form, ask your attorney or the judge.

RIGHT TO AN ATTORNEY

1. I understand that I have the right to be represented by an attorney throughout the proceedings. I understand that the Court will appoint a free attorney for me if I cannot afford to hire one, but at the end of the case, I may be asked to pay all or part of the cost of that attorney, if I can afford to. I understand that there are dangers and disadvantages to giving up my right to an attorney, and that it is almost always unwise to represent myself.

INITIALS ↓
1.
2.
3.
4.
5.
6.
7.
8.
9.

NATURE OF THE CHARGES (Complete all items you are charged with.)

I understand that I am charged with a violation of Vehicle Code section(s):

2. Check if applicable - **14601** or **14601.1** or **14601.2** or **14601.5**
Driving in knowing violation of a driver's license restriction, suspension or revocation.
3. Check if applicable - **14601.3** (Habitual traffic offender) - Accumulating a driving record history in knowing violation of a driver's license suspension or revocation.
4. Check if applicable - **12500(a)** – Driving without a valid driver's license.
5. If applicable - I understand that I am also charged with the following **other offense(s)**:

TYPE OF OFFENSE(S) AND SECTION NUMBER(S)

6. If applicable - I am also charged with the following **prior conviction(s)**:

LIST OFFENSE(S), CASE NUMBER(S) AND DATE(S)

7. If applicable - I am also charged with violating the **probation order(s)** in the following case(s):

CASE NUMBER(S) AND DATE(S)

8. I understand the charge(s) against me, and the possible pleas and defenses.

CONSTITUTIONAL RIGHTS

9. **RIGHT TO A JURY TRIAL** - I understand that I have the right to a speedy, public jury trial. At the trial, I would be presumed innocent, and I could not be convicted unless 12 impartial jurors were convinced of my guilt beyond a reasonable doubt.

33. I hereby freely and voluntarily plead _____ to:

GUILTY

INITIALS ↓

33.

LIST CHARGE(S)

**** DEFENDANT'S SIGNATURE:** _____ **DATE:** _____

ATTORNEY'S STATEMENT

I am the attorney of record for the defendant. I have reviewed the form and any addenda with my client. I have explained each of the defendant's rights to the defendant and answered all of the defendant's questions with regard to this plea. I have also discussed the facts of the defendant's case with the defendant, and explained the consequences of this plea, the elements of the offense(s), and the possible defenses. I concur in this plea and in the defendant's decision to waive his or her constitutional rights.

SIGNATURE OF DEFENDANT'S ATTORNEY

DATE

INTERPRETER'S STATEMENT (if applicable)

I, having been sworn or having a written oath on file, certify that I truly translated this form to the defendant in the language indicated below. The defendant stated that (s)he understood the contents of the form, and then (s)he initialed and signed the form.

Language: Spanish Other (specify): _____

COURT INTERPRETER'S SIGNATURE

TYPE OR PRINT NAME

DATE

COURT'S FINDINGS AND ORDER

The Court, having reviewed this form and any addenda, and having questioned the defendant, or his or her attorney, concerning the defendant's constitutional rights and the defendant's admission of prior conviction(s) and probation violation(s), if any, finds that the defendant has expressly, knowingly, understandingly and intelligently waived his or her constitutional rights. The Court finds that the defendant's plea(s) and admission(s) are freely and voluntarily made with an understanding of the nature and consequences thereof, and that there is a factual basis for the plea. The Court accepts the defendant's plea(s), the defendant's admission of prior conviction(s) and probation violation(s), if any, and orders this form filed and incorporated in the docket by reference as though fully set forth therein.

 Judge of the Superior Court
 Temporary Judge of the Superior Court

DATE

CONSTITUTIONAL RIGHTS (Continued)

INITIALS ↓

9. **RIGHT TO PRODUCE EVIDENCE** - I understand that I have the right to present evidence and to have the Court issue subpoenas to bring into court all witnesses and evidence favorable to me, at no cost to me.

9.

PRIOR CONVICTIONS AND PROBATION VIOLATIONS

10. **If applicable** - I understand that I have all of the above constitutional rights for all of the charges against me, including any charged prior convictions or probation violations. However, for a charge of violating probation, I do not have the right to a jury trial, although I do have the right to a hearing before a judge. (Note - Please complete No. 31 on page 3.)

10.

SPEEDY PRELIMINARY HEARING (For charged felony offenses only)

11. **If applicable** - I understand that if I am charged with a felony, I have a statutory right to a preliminary hearing, and a right that this hearing be held within a specified period of time. I would also have all of the above constitutional rights at the hearing, except that it would be conducted before a judge, rather than before a jury. (Note - Please complete No. 17 below.)

11.

WAIVER OF RIGHTS

Understanding all of the above, for all of the charges in this case, including any prior convictions or probation violations, which may be presented against me at my trial (and preliminary hearing):

12. I give up my right to an attorney, and I choose to represent myself. (Does not apply if you have an attorney.)

12.

13. I give up my right to a jury trial. (Does not apply to charged probation violations or to preliminary hearing).

13.

14. I give up my right to confront and cross-examine witnesses.

14.

15. I give up my right to remain silent and to not incriminate myself.

15.

16. I give up my right to produce evidence and witnesses on my own behalf.

16.

17. **If applicable** - I give up my right to a preliminary hearing before a judge as to any felony offenses. I also give up my right to have that hearing held within the specified period.

17.

PARTICIPATION IN DEFERRED ENTRY OF JUDGMENT (DEJ) PROGRAM

18. I understand that as part of the DEJ Program, I will be required to successfully complete a drug program for a period of between 18 months to 3 years, as determined by the Court. I will also be required to pay a drug program fee, depending on my ability to pay.

18.

19. I understand that the Court will order me to pay a DEJ restitution fee. Depending on my ability to pay, the Court will also order me to pay administrative fees of up to \$300 if the offense is a misdemeanor, or up to \$500 if the offense is a felony, and to reimburse the probation department for the reasonable costs of program investigation or progress reports filed with the Court

19.

20. I understand that I may be required to undergo urine analysis to test for the presence of drugs, but the results will not be admissible as the basis of any new criminal prosecution or proceeding.

20.

21. I understand that if I successfully complete the DEJ Program, my guilty plea will not constitute a conviction, unless a judgment of guilt is entered as specified in number 22 below. (But see numbers 24-25.) I must still disclose my arrest upon request if I apply for a position as a peace officer. If I plead guilty based on a forged or altered drug prescription (H.&S. Code § 11368), I may still be subject to disciplinary action or denial of a license by an administrative agency.

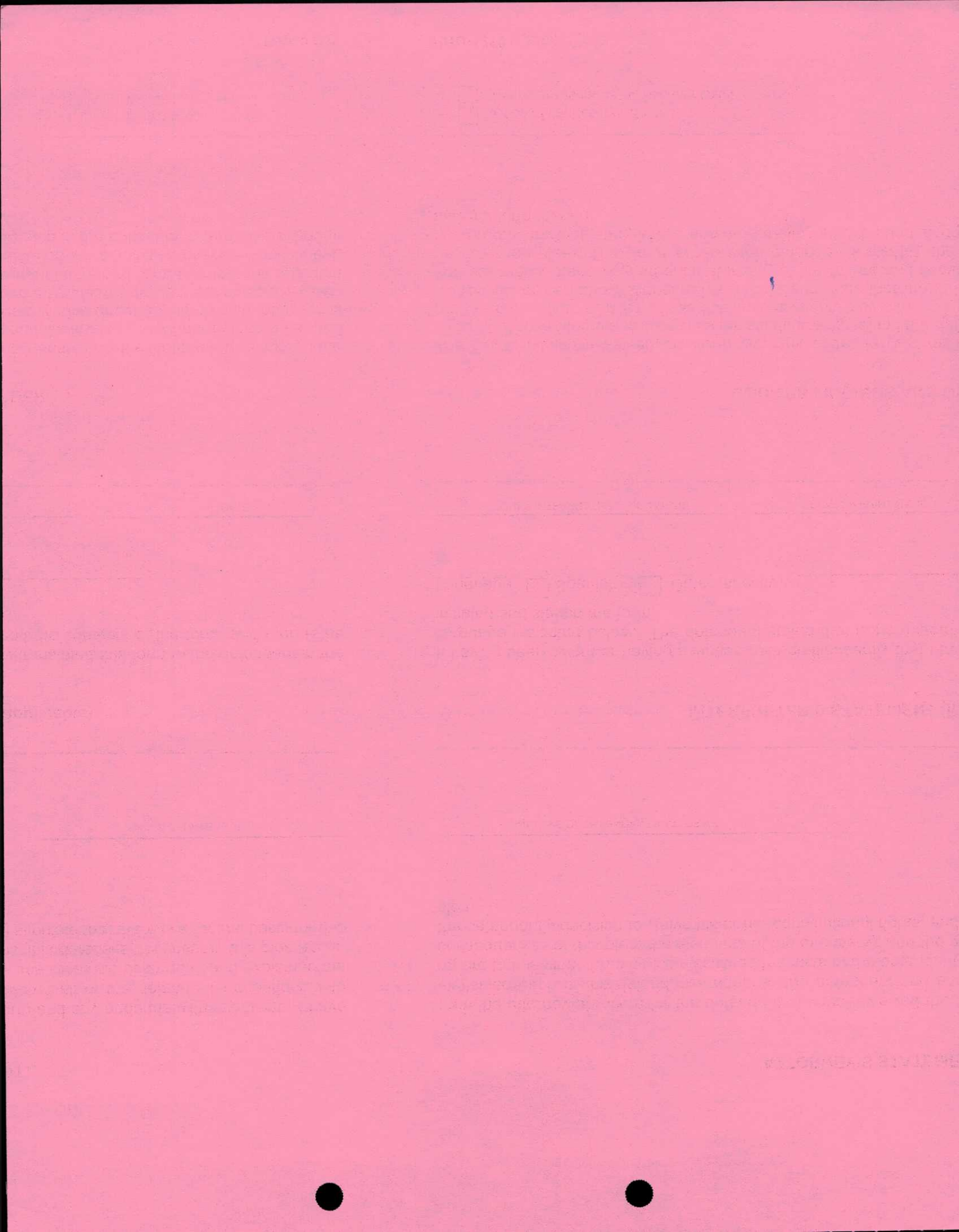
21.

22. I understand that the Court may, after notice to me, schedule a hearing for sentencing and, thereafter, enter judgment if: (1) I perform unsatisfactorily in the DEJ Program; or (2) I am convicted of any felony; or (3) I am convicted of any misdemeanor indicating a propensity for violence; or (4) I engage in any other criminal conduct rendering me unsuitable for deferred entry of judgment.

22.

23. I understand that I have a right to wait from 6 hours to 5 days prior to the pronouncement of the judgment for a misdemeanor, and to wait up to a maximum of 20 judicial days for a felony. I give up this right in order to participate in the DEJ Program.

23.



ATTORNEY'S STATEMENT

I am the attorney of record for the defendant. I have reviewed the form and any addenda with my client. I have explained each of the defendant's rights to the defendant and answered all of the defendant's questions with regard to this plea. I have also discussed the facts of the defendant's case with the defendant, and explained the consequences of this plea, the elements of the offense(s), and the possible defenses. I concur in this plea and in the defendant's decision to waive his or her constitutional rights, and I stipulate that there is a factual basis for this plea.

SIGNATURE OF DEFENDANT'S ATTORNEY

DATE

INTERPRETER'S STATEMENT (if applicable)

I, having been sworn or having a written oath on file, certify that I truly translated this form to the defendant in the language indicated below. The defendant stated that (s)he understood the contents of the form, and then (s)he initialed and signed the form.

Language: Spanish Other (specify): _____

COURT INTERPRETER'S SIGNATURE

TYPE OR PRINT NAME

DATE

COURT'S FINDINGS AND ORDER

The Court, having reviewed this form and any addenda, and having questioned the defendant, or his or her attorney, concerning the defendant's constitutional rights and the defendant's admission of prior conviction(s) and probation violation(s), if any, finds that the defendant has expressly, knowingly, understandingly and intelligently waived his or her constitutional rights. The Court finds that the defendant's plea(s) and admission(s) are freely and voluntarily made with an understanding of the nature and consequences thereof, and that there is a factual basis for the plea. The Court accepts the defendant's plea(s), the defendant's admission of prior conviction(s) and probation violation(s), if any, and orders this form filed and incorporated in the docket by reference as though fully set forth therein.

 Judge of the Superior Court
 Temporary Judge of the Superior Court

DATE

INITIALS ↓

CONSEQUENCES OF REVOCATION OF PROPOSITION 36 PROBATION

31. I understand that if my Proposition 36 probation is revoked for any reason, the minimum and maximum sentences for the charged offenses are as follows:

● _____
SECTION NUMBER JAIL - MIN. MAX. FINE - MIN. MAX.

OTHER CONSEQUENCES :

● _____
SECTION NUMBER JAIL - MIN. MAX. FINE - MIN. MAX.

OTHER CONSEQUENCES :

● _____
SECTION NUMBER JAIL - MIN. MAX. FINE - MIN. MAX.

OTHER CONSEQUENCES :

● _____
SECTION NUMBER JAIL - MIN. MAX. FINE - MIN. MAX.

OTHER CONSEQUENCES :

31.

32. I understand that in addition to the fine, the Court will add **assessments** which will significantly increase the amount I must pay.

32.

OTHER ADVISEMENTS

33. **If applicable** - I understand that if I am convicted of a felony, I have the right to be sentenced within 20 judicial days. If I am convicted of a misdemeanor, I have a right to be sentenced no sooner than 6 hours and no longer than 5 days from the time I enter my plea. I give up this right.

33.

34. I understand that a plea of no contest (*nolo contendere*) will have exactly the same effect in this case as a plea of guilty, and it can be used against me in a civil lawsuit unless the offense is punishable only as a misdemeanor.

34.

35. **If applicable** - I understand that I have the right to enter my plea before, and to be sentenced by, a judge. I give up this right and agree to enter my plea before, and to be sentenced by:

TEMPORARY JUDGE'S NAME

35.

PLEA

36. I hereby freely and voluntarily plead: _____
GUILTY OR NO CONTEST

to: _____
LIST CHARGE(S)

36.

**** DEFENDANT'S SIGNATURE:** _____ **DATE:** _____

PARTICIPATION IN PROBATION UNDER PROPOSITION 36 (Continued)

INITIALS ↓

21. I understand that I must register with the police as a controlled substance offender. Failure to do so would constitute a misdemeanor.

21.

22. I understand that I may be required to undergo testing for the presence of drugs or alcohol, as directed by the Court.

22.

23. I understand that if I successfully complete all of the conditions of my probation, I may petition the sentencing court to set aside the conviction and dismiss the charges. If the Court finds that I have completed all aspects of my drug treatment program, including aftercare and supplemental services, and finds that there is reasonable cause to believe that I will not abuse controlled substances in the future, then the conviction will be set aside and the charges dismissed.

23.

24. I understand that if the charges are dismissed as indicated above, I must still:

(A) disclose my arrest and conviction upon any application for a position as a peace officer, for public office, or for a license by a state or local agency.

(B) refrain from owning or possessing any firearm, including a concealable firearm; failure to comply will result in my conviction of PC § 29800 (felon or addict in possession of a firearm); and

(C) disclose the arrest and conviction when contracting with the California State Lottery and for purposes of serving on a jury.

24.

25. FUTURE NON DRUG-RELATED OFFENSE OR VIOLATION OF CONDITION OF PROBATION

I understand that the Court may revoke my grant of probation if I am arrested for any non drug-related offense or violate any non drug-related condition of probation, and that I may thereafter be sentenced pursuant to otherwise applicable law.

25.

26. FUTURE DRUG-RELATED OFFENSE OR VIOLATION OF CONDITION OF PROBATION

I understand that on a:

(A) **first violation** of probation based on drug-related behavior, the Court shall revoke my probation if the alleged violation is proved and I am found to pose a danger to the safety of others.

(B) **second such violation**, the Court shall revoke my probation if the violation is proved and either I am found to pose a danger to others or I am found to be unamenable to drug treatment.

Note - Under (A) and (B) above, if the Court does not revoke probation, my required drug treatment may be intensified.

(C) **third such violation**, my probation will be revoked if the violation is proved, and I will be sentenced under the otherwise applicable law.

26.

27. I understand that if I am not a citizen, my guilty or no contest plea will result in my deportation (removal), exclusion from admission to the United States, or denial of naturalization.

27.

28. I understand that my guilty plea in this case may be grounds for violating probation or parole which has previously been granted to me in any other case.

28.

29. I understand that I have a right to be sentenced by the judge who accepts my guilty or no contest plea in this case. I freely and voluntarily give up this right.

29.

30. **If applicable** - I freely and voluntarily admit any prior convictions and probation violations that I listed on this form, and I give up my right to a hearing before a judge regarding any probation violations. I understand that these admissions will increase the penalties in my case.

30.

CONSTITUTIONAL RIGHTS (Continued)

- 8. **RIGHT AGAINST SELF-INCRIMINATION** - I understand that I have the right to remain silent and not incriminate myself, and the right to testify on my own behalf. I understand that by pleading guilty, or admitting prior conviction(s) or probation violation(s), I am incriminating myself.
- 9. **RIGHT TO PRODUCE EVIDENCE** - I understand that I have the right to present evidence and to have the Court issue subpoenas to bring into court all witnesses and evidence favorable to me, at no cost to me.

PRIOR CONVICTIONS AND PROBATION VIOLATIONS

- 10. **If applicable** - I understand that I have all of the above constitutional rights for all of the charges against me, including any charged prior convictions or probation violations. However, for a charge of violating probation, I do not have the right to a jury trial, although I do have the right to a hearing before a judge. *(Note - Please complete No. 30 on page 3.)*

SPEEDY PRELIMINARY HEARING (For charged felony offenses only)

- 11. **If applicable** - I understand that if I am charged with a felony, I have a statutory right to a preliminary hearing, and a right that this hearing be held within a specified period of time. I would also have all of the above constitutional rights at the hearing, except that it would be conducted before a judge, rather than before a jury *(Note - Please complete No. 17 below.)*.

WAIVER OF RIGHTS

Understanding all of the above, for all of the charges in this case, including any prior convictions or probation violations, which may be presented against me at my trial (and preliminary hearing):

- 12. I give up my right to an attorney, and I choose to represent myself. *(Does not apply if you have an attorney.)*
- 13. I give up my right to a jury trial. *(Does not apply to charged probation violations).*
- 14. I give up my right to confront and cross-examine witnesses.
- 15. I give up my right to remain silent and to not incriminate myself.
- 16. I give up my right to produce evidence and witnesses on my own behalf.
- 17. **If applicable** - I give up my right to a preliminary hearing before a judge as to any felony offenses. I also give up my right to have that hearing held within the specified period.

PARTICIPATION IN PROBATION UNDER PROPOSITION 36

- 18. I understand that conditions of my probation will require me to successfully complete a drug treatment program for a period of up to one year, as determined by the Court based upon the severity of my addiction and my criminal history. The treatment program may consist of out-patient treatment, in-patient residential treatment, narcotic replacement therapy, drug education or prevention courses, or a combination thereof.
- 19. I understand that I may also be required as a further condition of probation to complete community service hours and supplemental drug treatment services, including but not limited to vocational training, family counseling and literacy training. The court may also require me to participate in additional aftercare services for up to six months following completion of my drug treatment program.
- 20. I understand that I may be ordered to make restitution and to pay a restitution fine of \$120 to \$1,000 for a misdemeanor, or \$240 to \$10,000 for a felony, unless the Court finds compelling and extraordinary reasons not to impose the fine. Depending upon my ability to pay, I will also be required to pay for the cost of my placement in treatment and supervision services in a minimum amount of \$200. If these fees and costs are not waived by the Court, I will not be able to have my case dismissed until both the restitution and placement fees are paid.

INITIALS ↓
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SUPERIOR COURT OF CALIFORNIA		<i>Reserved for Clerk's File Stamp</i>
COUNTY: COUNTY OF LOS ANGELES		
PLAINTIFF: PEOPLE OF THE STATE OF CALIFORNIA		
DEFENDANT:		
ADVISEMENT OF RIGHTS, WAIVER, AND PLEA FORM FOR FELONIES AND/OR MISDEMEANORS - PROPOSITION 36 (Penal Code § 1210 et seq.)		CASE NUMBER: DEPARTMENT:

INSTRUCTIONS

Fill out this form if you wish to plead guilty or no contest to the charges against you in order to be placed on probation pursuant to Penal Code § 1210 *et seq.* ("Proposition 36 -- the Substance Abuse and Crime Prevention Act of 2000"). If you successfully complete the requirements of your probationary sentence as directed by the Court, you may petition the sentencing Court to set aside the conviction and dismiss the charges. If you do not successfully complete these requirements, the Court will revoke your probation and sentence you according to the otherwise applicable law, which may include a period of incarceration.

Initial the box for each applicable item only if you understand it, and **sign and date the form on page 4**. If you have questions about your case, the possible sentence, or the information on this form, ask your attorney or the judge.

RIGHT TO AN ATTORNEY

1. I understand that I have the right to be represented by an attorney throughout the proceedings. I understand that the Court will appoint a free attorney for me if I cannot afford to hire one, but at the end of the case, I may be asked to pay all or part of the cost of that attorney, if I can afford it. I understand that there are dangers and disadvantages to giving up my right to an attorney, and that it is almost always unwise to represent myself.

INITIALS ↓

1.

NATURE OF THE CHARGES (Complete all items you are charged with.)

2. I understand that I am charged with the following offense(s):

TYPE OF OFFENSE(S) AND SECTION NUMBER(S)

2.

3. **If applicable** - I understand that I am also charged with having the following **prior conviction(s)**:

LIST OFFENSE(S), CASE NUMBER(S) AND DATE(S)

3.

4. **If applicable** - I understand that I am charged with violating the **probation order(s)** in the following case(s):

CASE NUMBER(S) AND DATE(S)

4.

5. I understand the charge(s) against me, and the possible pleas and defenses.

5.

CONSTITUTIONAL RIGHTS

6. **RIGHT TO A JURY TRIAL** - I understand that I have the right to a speedy, public jury trial. At the trial, I would be presumed innocent, and I could not be convicted unless 12 impartial jurors were convinced of my guilt beyond a reasonable doubt.

6.

7. **RIGHT TO CONFRONT AND CROSS-EXAMINE WITNESSES** - I understand that I have the right to confront and cross-examine all witnesses testifying against me.

7.

ATTORNEY'S STATEMENT

I am the attorney of record for the defendant. I have reviewed the form and any addenda with my client. I have explained each of the defendant's rights to the defendant and answered all of the defendant's questions with regard to this plea. I have also discussed the facts of the defendant's case with the defendant, and explained the consequences of this plea, the elements of the offense(s), and the possible defenses. I concur in this plea and in the defendant's decision to waive his or her constitutional rights.

SIGNATURE OF DEFENDANT'S ATTORNEY

DATE

INTERPRETER'S STATEMENT (if applicable)

I, having been sworn or having a written oath on file, certify that I truly translated this form to the defendant in the language indicated below. The defendant stated that (s)he understood the contents of the form, and then (s)he initialed and signed the form.

Language: Spanish Other (specify): _____

COURT INTERPRETER'S SIGNATURE

TYPE OR PRINT NAME

DATE

COURT'S FINDINGS AND ORDER

The Court, having reviewed this form and any addenda, and having questioned the defendant concerning the defendant's constitutional rights and the defendant's admission of other conviction(s) and probation violation(s), if any, finds that the defendant has expressly, knowingly, understandingly and intelligently waived his or her constitutional rights. The Court finds that the defendant's plea(s) and admission(s) are freely and voluntarily made with an understanding of the nature and consequences thereof, and that there is a factual basis for the plea(s). The Court accepts the defendant's plea(s), the defendant's admission of the other conviction(s) and probation violation(s), if any, and orders this form filed and incorporated in the docket by reference as though fully set forth therein.

 Judge of the Superior Court
 Temporary Judge of the Superior Court

DATE

40. I have read and understood the applicable charts on pages 3 and 4 which list the minimum and maximum penalties for the offense(s) I am charged with. (See No. 41 for the offenses not listed in the charts.).....

INITIALS ↓
40.

41. If applicable - I understand that the possible consequences for the offense(s) charged, which are not listed on the penalty charts on pages 3 and 4, include the following:

● _____
SECTION NUMBER JAIL - MIN. MAX. FINE - MIN. MAX.
OTHER CONSEQUENCES : _____

● _____
SECTION NUMBER JAIL - MIN. MAX. FINE - MIN. MAX.
OTHER CONSEQUENCES : _____

● _____
SECTION NUMBER JAIL - MIN. MAX. FINE - MIN. MAX.
OTHER CONSEQUENCES : _____

● _____
SECTION NUMBER JAIL - MIN. MAX. FINE - MIN. MAX.
OTHER CONSEQUENCES : _____

41.

PLEA(S)

42. I hereby freely and voluntarily plead _____ to the following:

GUILTY OR NO CONTEST

LIST CHARGE(S)

42.

43. If applicable - I freely and voluntarily admit the other conviction(s) that I listed on this form, and I understand that this admission will increase the penalties which are imposed on me

43.

44. If applicable - I freely and voluntarily admit the probation violation(s) that I listed on this form and give up my right to a hearing before a judge regarding the probation violation(s)

44.

45. I understand that I have the right to a delay of from 6 hours to 5 days prior to being sentenced for a misdemeanor, and the right to a delay of up to 20 days for a felony. I give up this right and agree to be sentenced at this time

45.

46. If applicable - I understand that I have the right to enter my plea before, and to be sentenced by, a judge. I give up this right and agree to enter my plea before, and to be sentenced by:

TEMPORARY JUDGE'S NAME

46.

**** DEFENDANT'S SIGNATURE: _____ DATE: _____**

ADDITIONAL PENALTIES FOR A VIOLATION OF SECTION 23152 (Continued)

INITIALS ↓

- | | |
|---|-----|
| 35. I understand that if I was under the age of 21 at the time of my arrest, my driver's license will also be suspended for 1 year, and I must surrender my license to the Court | 35. |
| 36. I understand that if my blood-alcohol level was .15 percent or above, or if I refused to submit to a chemical test, the Court will consider this in determining whether to enhance the penalties, grant probation, or impose additional terms of probation..... | 36. |
| 37. I understand that if I am placed on probation, it is unlawful to drive with a blood-alcohol level of .01 percent or higher and that my license will be suspended by the DMV for up to one year if I do so.... | 37. |
| 38. I understand that if I am convicted of a third or subsequent DUI violation , I will be designated as an habitual traffic offender for 3 years after my conviction, and I will receive an enhanced sentence if I drive in violation of my license revocation. If probation is granted, I may also request to participate in a 30-month treatment program. If the Court grants my request, I will be sentenced to the county jail for at least 30 days but not more than 1 year as a condition of probation | 38. |

SENTENCES FOR RECKLESS DRIVING (Sections 23103, 23103.5)

Nature of Offense	Minimum and Maximum Sentences		Other Consequences
Reckless driving reduced from driving under the influence	If probation is granted:	A maximum of 90 days in jail, or \$1,000 fine, or both, plus attendance at a treatment program.	If alcohol or drugs are involved, this conviction will act as a separate DUI conviction if I commit a subsequent DUI offense within 10 years.
	If probation is not granted:	5 days to 90 days in jail, or \$145 to \$1,000 fine, or both.	

SENTENCES FOR DRIVING IN VIOLATION OF A LICENSE SUSPENSION, REVOCATION, OR RESTRICTION

Vehicle Code Section	First Offense	Second or Subsequent Offense: I have one or more prior convictions in the past 5 years of either sections 14601, 14601.1, 14601.2, or 14601.5.
14601	5 days to 6 months in jail, and a fine of \$300 to \$1,000.	10 days to 1 year in jail, and a fine of \$500 to \$2,000. 10 days in jail required if probation is imposed.
14601.1	Up to 6 months in jail, or a fine of \$300 to \$1,000, or both.	5 days to 1 year in jail, and a fine of \$500 to \$2,000.
14601.2	10 days to 6 months in jail, and a fine of \$300 to \$1,000. 10 days in jail required if probation is imposed. If I have been designated as an habitual traffic offender within 3 years of this conviction, in addition to the penalties above, I will be sentenced to serve 180 days in jail and to pay a \$2,000 fine.	30 days to 1 year in jail, and a fine of \$500 to \$2,000. 30 days in jail required if probation is imposed.
14601.5	Up to 6 months in jail, or a fine of \$300 to \$1,000, or both.	10 days to 1 year in jail, and a fine of \$500 to \$2,000. Note - section 14601.3 also constitutes a prior conviction for this offense.

Vehicle Code Section	First Offense	Second or Subsequent Offense: Prior conviction(s) in past 7 years of section 14601.3.
14601.3	30 days in jail, and a fine of \$1,000.	180 days in jail, and a fine of \$2,000.

ADDITIONAL PENALTY FOR A VIOLATION OF SECTIONS 14601, 14601.1, 14601.2 or 14601.5

INITIALS ↓

- | | |
|--|-----|
| 39. If applicable - I understand that if I am convicted of a violation of Vehicle Code § 14601.2, or if the charge was for a violation of that section but I am pleading to section 14601, 14601.1 or 14601.5, the Court will order me to install an ignition interlock device (IID) on any vehicle that I own or operate for up to three years. Installation of this device, which prevents the vehicle from starting if I have alcohol in my body, does not authorize me to drive without a valid driver's license..... | 39. |
|--|-----|

CONSEQUENCES OF PLEA OF GUILTY OR NO CONTEST (Continued)

B. The Court may also require me to install and maintain an ignition interlock device for up to three years. Installation of this device, which prevents the vehicle from starting if I have alcohol in my body, does not authorize me to drive without a valid driver's license.....

C. If I am convicted of a second or subsequent violation of driving with a suspended or revoked license (V.C. § 14601 *et seq.*) or driving without a license (V.C. § 12500(a)), my vehicle will be subject to forfeiture as a nuisance.....

INITIALS ↓
28B.
28C.

SENTENCES FOR DRIVING UNDER THE INFLUENCE OF ALCOHOL AND/OR DRUGS (Section 23152)

Offense	Minimum and Maximum Sentences when Probation is Granted (3 to 5 Years Probation Term)	Minimum and Maximum Sentences without Probation
First offense within 10 years See Nos. 29-37	The Court may order a jail term of 48 hours to 6 months in jail. It will impose a fine of \$390 to \$1,000 and order me to complete a 3-month alcohol/drug treatment program. If my blood-alcohol content was .20% or more, or if I refused a chemical test upon my arrest, I must complete a 9-month treatment program. The DMV will also impose a 6-month driver's license suspension, or a 10-month license suspension if a 9-month treatment program is required.	96 hours to 6 months in jail, and a \$390 to \$1,000 fine. The DMV will impose a 6-month driver's license suspension.
Second offense within 10 years See Nos. 29-37	A jail term of either: (a) 10 days to 1 year, or (b) 96-hours to 1 year, a \$390 to \$1,000 fine, and completion of an 18-month alcohol/drug treatment program. The DMV will impose a 2-year driver's license suspension.	90 days to 1 year in jail, and a \$390 to \$1,000 fine. The DMV will impose a 2-year driver's license suspension.
Third offense within 10 years See Nos. 29-38	120 days to 1 year in jail, a \$390 to \$1,000 fine, and completion of an 18-month alcohol/drug program if I have not completed one before. The DMV will impose a 3-year driver's license revocation. The Court may impose a 10-year driver's license revocation.	120 days to 1 year in jail, and a \$390 to \$1,000 fine. The DMV will impose a 3-year driver's license revocation. The Court may impose a 10-year driver's license revocation.
Fourth or subsequent offense within 10 years See Nos. 29-38	180 days to 1 year in jail, a \$390 to \$1,000 fine, and completion of an 18-month alcohol/drug program if I have not completed one before. The DMV will impose a 4-year driver's license revocation. The Court may impose a 10-year driver's license revocation.	16 months, or 2 or 3 years imprisonment, (or 180 days to 1 year in county jail); and a \$390 to \$1,000 fine. The DMV will impose a 4-year driver's license revocation. The Court may impose a 10-year driver's license revocation.

ADDITIONAL PENALTIES FOR A VIOLATION OF SECTION 23152

29. I understand that the DMV may suspend or revoke my driver's license under a civil procedure which is separate from this criminal action. I understand that the DMV's action, if any, will be in addition to the Court's sentence and that I must obey it.....
30. I understand that the DMV will notify me that I am required to install an ignition interlock device in all vehicles that I own or operate, and it will issue a restricted license if I comply.....
31. I understand that the DMV will not restore my driving privilege following my driver's license suspension or revocation unless I provide the DMV with proof of insurance for 3 years.....
32. I understand that proof of my successful completion of an alcohol/drug program must be received at DMV headquarters for my driving privilege to be reinstated, **even if I am not ordered to attend such a program by the Court.** I also understand that I must surrender my license to the Court.....
33. I understand that the DMV will prohibit me from operating a **commercial** vehicle for one year if I am convicted of a first DUI offense or willful refusal to submit to or complete a chemical test to determine my blood-alcohol level which occurred in **any** vehicle. The DMV will prohibit me from operating a commercial vehicle ever again if I am convicted of a second or subsequent DUI offense or willful refusal to submit to or complete a chemical test in any vehicle.
34. I understand that the DMV will revoke my driver's license for a period of 4 years if I have a prior felony conviction in the past 10 years of Vehicle Code § 23152, 23153 or Penal Code § 191.5(b), 192(c)(1), or any conviction within 10 years of Penal Code § 191.5(a) or 192.5(a).....

INITIALS ↓
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34.

CONSTITUTIONAL RIGHTS (Continued)

- 13. **RIGHT TO CONFRONT WITNESSES** - I understand that I have the right to confront and cross-examine all witnesses testifying against me.....
- 14. **RIGHT AGAINST SELF-INCRIMINATION** - I understand that I have the right to remain silent and not incriminate myself, and the right to testify on my own behalf. I understand that by pleading guilty or no contest, or admitting other conviction(s) or probation violation(s), I am incriminating myself. ..
- 15. **RIGHT TO PRODUCE EVIDENCE** - I understand that I have the right to present evidence and to have the Court issue subpoenas to bring into court all witnesses and evidence favorable to me, at no cost to me.....

RIGHTS ON CHARGES OF OTHER CONVICTION(S) AND PROBATION VIOLATION(S)

- 16. **If applicable** - I understand that I have the right to an attorney, the right to a jury trial, the right to confront witnesses, the right against self-incrimination, and the right to produce evidence and witnesses for all charges against me, including other alleged conviction(s) or probation violation(s). However, for a charge of violating probation, I do not have the right to a jury trial, but I do have the right to a hearing before a judge.....

WAIVER OF RIGHTS

Understanding all of the above, for all of the charges against me, including any other alleged conviction(s) or probation violation(s):

- 17. I give up my right to an attorney, and I choose to represent myself. (Does not apply if you have an attorney.)
- 18. I give up my right to a jury trial.
- 19. I give up my right to confront and cross-examine witnesses.....
- 20. I give up my right to remain silent and to not incriminate myself.....
- 21. I give up my right to produce evidence and witnesses on my own behalf.....

CONSEQUENCES OF PLEA OF GUILTY OR NO CONTEST

- 22. I understand that if I am not a citizen, a plea of guilty or no contest (*nolo contendere*) could result in my deportation, exclusion from admission to this country, or denial of naturalization.....
- 23. I understand that a plea of no contest will have the same effect in this case as a plea of guilty, but it cannot be used against me in a civil lawsuit unless the offense is punishable as a felony.....
- 24. I understand that any plea entered in this case may be grounds for revoking probation or parole which has previously been granted to me in any other case.....
- 25. I understand that the Department of Motor Vehicles (DMV) may consider any of my other convictions for DUI or reckless driving, **even those that are not charged in this proceeding**, and may impose a more severe license suspension or revocation as a result.....
- 26. I understand that in addition to the fine, **the Court will add assessments which will significantly increase the amount I must pay**. I will also be ordered to make restitution and to pay a restitution fine of \$120 to \$1000 (or \$240 to \$10,000 if the offense is a felony), unless the Court finds compelling and extraordinary reasons not to do so.....
- 27. I understand that being under the influence of alcohol or drugs, or both, impairs my ability to safely operate a motor vehicle, and it is extremely dangerous to human life to drive while under the influence of alcohol or drugs, or both. If I continue to drive while under the influence of alcohol or drugs, or both, and as a result of my driving, someone is killed, I can be charged with murder.
- 28. I understand that if I am the **registered owner** of the vehicle used in the offense:
 - A. The Court will impound my vehicle at my expense for up to 90 days, unless it is in the interests of justice not to do so. The Court may also declare my vehicle to be a nuisance and order it sold following a hearing if I have 2 or more other convictions for DUI, vehicular manslaughter (Penal Code § 191.5 or 192.5(a)), or any combination thereof, in the past 7 years.....

INITIALS ↓
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SUPERIOR COURT OF CALIFORNIA	<i>Reserved for Clerk's File Stamp</i>	
COUNTY: COUNTY OF LOS ANGELES		
PLAINTIFF: PEOPLE OF THE STATE OF CALIFORNIA		
DEFENDANT:		
DUI ADVISEMENT OF RIGHTS, WAIVER, AND PLEA FORM (Vehicle Code § 23152)	CASE NUMBER:	DEPARTMENT:

INSTRUCTIONS

Fill out this form if you wish to plead guilty or no contest to the charges against you. Initial the box for each applicable item only if you understand it, and **sign and date the form on page 5**. If you have any questions about your case, the possible sentence, or the information on this form, ask your attorney or the judge.

RIGHT TO AN ATTORNEY

1. I understand that I have the right to be represented by an attorney throughout the proceedings. I understand that the Court will appoint a free attorney for me if I cannot afford to hire one, but at the end of the case, I may be asked to pay all or part of the cost of that attorney, if I can afford to. I understand that there are dangers and disadvantages to giving up my right to an attorney, and that it is almost always unwise to represent myself.....

INITIALS ↓
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11.
12.

NATURE OF THE CHARGES (Initial all items you are charged with.)

I understand that I am charged with a violation of Vehicle Code section(s):

2. **23152(a)** - Driving under the influence of alcohol or drugs, or both
3. **23152(b)** - Driving when my blood-alcohol level was .08 percent or higher
4. **23152(d)** - Driving a commercial vehicle when my blood-alcohol level was .04 percent or higher
5. **23103, 23103.5** - Reckless driving involving alcohol or drugs, or both
6. **Check if applicable** - **14601** or **14601.1** or **14601.2** or **14601.5**
Driving in knowing violation of a driver's license restriction, suspension, or revocation.....
7. **Check if applicable** - **14601.3** (Habitual traffic offender) – Accumulating a driving record history in knowing violation of a driver's license suspension or revocation
8. **If applicable** - I understand that I am also charged with the following **other offense(s)**:

_____ TYPE OF OFFENSE(S) AND SECTION NUMBER(S)

9. **If applicable** - I am also charged with having the following **other conviction(s)**:

_____ LIST OFFENSE(S), CASE NUMBER(S) AND DATE(S)

10. **If applicable** - I am also charged with violating the **probation order(s)** in the following case(s):

_____ CASE NUMBER(S) AND DATE(S)

11. I understand the charge(s) against me, and the possible pleas and defenses

CONSTITUTIONAL RIGHTS

12. **RIGHT TO A JURY TRIAL** - I understand that I have the right to a speedy, public jury trial. At the trial, I would be presumed innocent, and I could not be convicted unless 12 impartial jurors were convinced of my guilt beyond a reasonable doubt

INTERPRETER'S STATEMENT (if applicable)

I, having been sworn or having a written oath on file, certify that I truly translated this form to the defendant in the language indicated below. The defendant stated that (s)he understood the contents of the form, and then (s)he initialed and signed the form.

Language: Spanish Other (specify): _____

COURT INTERPRETER'S SIGNATURE

TYPE OR PRINT NAME

DATE

COURT'S FINDINGS AND ORDER

The Court, having reviewed this form and any addenda, and having questioned the defendant concerning the defendant's constitutional rights and the defendant's admission of prior conviction(s) and probation violation(s), if any, finds that the defendant has expressly, knowingly, understandingly and intelligently waived his or her constitutional rights. The Court finds that the defendant's plea(s) and admission(s) are freely and voluntarily made with an understanding of the nature and consequences thereof, and that there is a factual basis for the plea(s). The Court accepts the defendant's plea(s), the defendant's admission of prior conviction(s) and probation violation(s), if any, and orders this form filed and incorporated in the docket by reference as though fully set forth therein.

 Judge of the Superior Court
 Temporary Judge of the Superior Court

DATE

CONSEQUENCES OF PLEA OF GUILTY OR NO CONTEST (Continued)

INITIALS ↓
19.
20.
21.
22.
23.
24.
25.

19. I understand that a plea of no contest (*nolo contendere*) will have exactly the same effect in this case as a plea of guilty, but it cannot be used against me in a civil lawsuit which is based upon, or growing out of the act upon which the criminal prosecution is based, unless the offense is punishable as a felony.
20. I understand that any plea entered in this case may be grounds for violating probation or parole which has previously been granted to me in any other case.

PLEA(S)

21. I hereby freely and voluntarily plead _____ to the following:
GUILTY OR NO CONTEST

LIST CHARGE(S)

22. I understand that I have the right to a delay of from 6 hours to 5 days prior to being sentenced. I give up this right and agree to be sentenced at this time.
23. **If applicable** - I freely and voluntarily admit the prior conviction(s) I listed on this form. I understand that this admission will increase the penalties which are imposed on me.
24. **If applicable** - I freely and voluntarily admit the probation violation(s) I listed on this form and give up my right to a hearing before a judge regarding the probation violation(s).
25. **If applicable** - I understand that I have the right to enter my plea before, and to be sentenced by, a judge. I give up this right and agree to enter my plea before, and to be sentenced by:

TEMPORARY JUDGE'S NAME

**** DEFENDANT'S SIGNATURE: _____ DATE: _____**

ATTORNEY'S STATEMENT

I am the attorney of record for the defendant. I have reviewed the form and any addenda with my client. I have explained each of the defendant's rights to the defendant and answered all of the defendant's questions with regard to this plea. I have also discussed the facts of the defendant's case with the defendant, and explained the consequences of this plea, the elements of the offense(s), and the possible defenses. I concur in this plea and in the defendant's decision to waive his or her constitutional rights.

SIGNATURE OF DEFENDANT'S ATTORNEY

DATE

RIGHTS ON CHARGES OF PRIOR CONVICTION(S) AND PROBATION VIOLATION(S)

INITIALS ↓

10. **If applicable** - I understand that I have the right to an attorney, the right to a jury trial, the right to confront witnesses, the right against self-incrimination, and the right to produce evidence for **all** the charges against me, including any charged prior conviction(s) or probation violation(s). However, for a charge of violating probation, I do not have the right to a jury trial, although I do have the right to a hearing before a judge.

10.

WAIVER OF RIGHTS

Understanding all this, for all the charges against me, including any prior conviction(s) or probation violation(s):

11. I give up my right to an attorney, and I choose to represent myself. (Does not apply if you have an attorney.)

11.

12. I give up my right to a jury trial.

12.

13. I give up my right to confront and cross-examine witnesses.

13.

14. I give up my right to remain silent and to not incriminate myself.

14.

15. I give up my right to produce evidence and witnesses on my own behalf.

15.

CONSEQUENCES OF PLEA OF GUILTY OR NO CONTEST

16. **Penalty:** I understand that the possible consequences for the offense(s) charged include the following:

SECTION NUMBER JAIL - MIN. MAX. FINE - MIN. MAX.

OTHER CONSEQUENCES : _____

SECTION NUMBER JAIL - MIN. MAX. FINE - MIN. MAX.

OTHER CONSEQUENCES : _____

SECTION NUMBER JAIL - MIN. MAX. FINE - MIN. MAX.

OTHER CONSEQUENCES : _____

SECTION NUMBER JAIL - MIN. MAX. FINE - MIN. MAX.

OTHER CONSEQUENCES : _____

SECTION NUMBER JAIL - MIN. MAX. FINE - MIN. MAX.

OTHER CONSEQUENCES : _____

SECTION NUMBER JAIL - MIN. MAX. FINE - MIN. MAX.

OTHER CONSEQUENCES : _____

16.

17. I understand that in addition to the fine, **the Court will add assessments which will significantly increase the amount I must pay.** I will also be ordered to make restitution and to pay a restitution fine of \$120 to \$1,000, unless the Court finds compelling and extraordinary reasons not to impose the fine.

17.

18. I understand that if I am not a citizen, a plea of guilty or no contest could result in my deportation, exclusion from admission to this country, or denial of naturalization.

18.

SUPERIOR COURT OF CALIFORNIA		<i>Reserved for Clerk's File Stamp</i>	
COUNTY:		COUNTY OF LOS ANGELES	
PLAINTIFF:		PEOPLE OF THE STATE OF CALIFORNIA	
DEFENDANT:			
MISDEMEANOR ADVISEMENT OF RIGHTS, WAIVER, AND PLEA FORM		CASE NUMBER:	DEPARTMENT:

INSTRUCTIONS

Fill out this form if you wish to plead guilty or no contest to the charges against you. Initial the box for each applicable item only if you understand it, and **sign and date the form on page 3**. If you have any questions about your case, the possible sentence, or the information on this form, ask your attorney or the judge.

RIGHT TO AN ATTORNEY

1. I understand that I have the right to be represented by an attorney throughout the proceedings. I understand that the Court will appoint a free attorney for me if I cannot afford to hire one, but at the end of the case, I may be asked to pay all or part of the cost of that attorney, if I can afford to. I understand that there are dangers and disadvantages to giving up my right to an attorney, and that it is almost always unwise to represent myself.

INITIALS ↓
1.
2.
3.
4.
5.
6.
7.
8.
9.

NATURE OF THE CHARGES (Complete all items you are charged with.)

2. I understand that I am charged with the following offense(s):

TYPE OF OFFENSE(S) AND SECTION NUMBER(S)

3. **If applicable** - I understand that I am also charged with having the following **prior conviction(s)**:

LIST OFFENSE(S), CASE NUMBER(S) AND DATE(S)

4. **If applicable** - I understand that I am also charged with violating the **probation order** in the following case(s):

CASE NUMBER(S) AND DATE(S)

5. I understand the charge(s) against me, and the possible pleas and defenses.

CONSTITUTIONAL RIGHTS

6. **RIGHT TO A JURY TRIAL** - I understand that I have the right to a speedy, public jury trial. At the trial, I would be presumed innocent, and I could not be convicted unless 12 impartial jurors were convinced of my guilt beyond a reasonable doubt.

7. **RIGHT TO CONFRONT WITNESSES** - I understand that I have the right to confront and cross-examine all witnesses testifying against me.

8. **RIGHT AGAINST SELF-INCRIMINATION** - I understand that I have the right to remain silent and not incriminate myself, and the right to testify on my own behalf. I understand that by pleading guilty or no contest, or admitting prior conviction(s) or probation violation(s), I am incriminating myself.

9. **RIGHT TO PRODUCE EVIDENCE** - I understand that I have the right to present evidence and to have the Court issue subpoenas to bring into court all witnesses and evidence favorable to me, at no cost to me.