

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE
SENTENCING MEMORANDUM
MANDATORY SUPERVISION**

Page 1 of 2
People v.

THE FOLLOWING CHECKED TERMS AND
CONDITIONS ARE ORDERED BY THE COURT

Case Number _____

FELONY

<input type="checkbox"/> SCJ <input type="checkbox"/> SSCJ <input type="checkbox"/> MS <input type="checkbox"/> ECJSS	Sentenced to County Jail for total of _____ years _____ months. To be served at Riverside County Jail. Mandatory Supervision pursuant to PC 1170(h). _____ years and _____ months of County Jail sentence is suspended.	Charges admitted: Priors admitted: Enhancements:
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CUSTODY / MANDATORY SUPERVISION / CREDITS

<input type="checkbox"/> ECJSS1 <input type="checkbox"/> MSG <input checked="" type="checkbox"/> T1 <input type="checkbox"/> CJSS	Defendant to serve balance of _____ years _____ months in County Jail. Mandatory Supervision granted for _____ months. Obey all laws, ordinances, and court orders. County Jail sentence stay granted; defendant ordered to surrender _____ at _____ in Dept. _____.	<input type="checkbox"/> CTS <input type="checkbox"/> CJSCS <input type="checkbox"/> CJSC <input type="checkbox"/> TXY5R	Credit time served _____ days actual + _____ days PC § 4019. County Jail sentence consecutive to _____. County Jail sentence concurrent with _____. Report immediately to the Riverside Sheriff's Live Scan office for fingerprinting (Riverside).
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FINES / FEES / RESTITUTION: All fines, fees and restitution imposed shall be paid to the court, as directed by the Enhanced Collections Division.

<input type="checkbox"/> TBL(TBLC) <input type="checkbox"/> TBHL1 or TBHL2 <input type="checkbox"/> TXV1 <input type="checkbox"/> TXT4 <input type="checkbox"/> TYC <input type="checkbox"/> TYF4/ TYF4A <input type="checkbox"/> TYF5 <input type="checkbox"/> TYG TYGA <input type="checkbox"/> TMC1 <input type="checkbox"/> TBAL <input type="checkbox"/> TBOL	Pay fine and penalty assessment of \$ _____. Pay fine of \$ _____ or serve time in jail, at rate of \$ _____ per day <input type="checkbox"/> concurrent <input type="checkbox"/> consecutive. Pay booking fees of \$ _____ (GC §29550). Complete and return a Financial Disclosure form to the court on or before _____, or within 5 days of release. Pay restitution fine of \$ _____ (PC §1202.4(b).) Pay mandatory supervision restitution fine of \$ _____ (PC §1202.44). Stayed pending completion of mandatory supervision. The stay of your obligation to pay the mandatory supervision revocation restitution fine of \$ _____ is dissolved. (PC §1202.44). Payment is due immediately. If your fine(s) or actual restitution is not paid in full more than 120 days before completion of probation you are ordered to re-contact Enhanced Collection and complete a new Financial Disclosure Statement form (PC §1202.4(f)(11)) Pay fee of \$500 to domestic violence fund (PC § 1203.097(a)(5)). Pay drug lab fee and penalty assessment of \$ _____ (H&S § 11372.5). Pay additional drug lab fee - total \$ _____ (H&S § 11372.5). (\$50 each additional conviction)	<input type="checkbox"/> TBBL <input type="checkbox"/> TBQL <input type="checkbox"/> TBKL <input type="checkbox"/> TCB / TCZ <input type="checkbox"/> TCE <input type="checkbox"/> TCH <input type="checkbox"/> TCQ <input type="checkbox"/> TCS <input type="checkbox"/> TEE <input type="checkbox"/> DORECD <input type="checkbox"/> DORECA <input type="checkbox"/> TXJ1 TXJ1A	Pay drug education fee and penalty assessment of \$ _____ (H&S § 11372.7). Pay additional drug education fee - total \$ _____ (H&S § 11372.7) (\$50 each additional conviction). Pay an alcohol and drug assessment fee of \$ _____ (VC § 23649). Pay victim restitution; amount to be determined by the Probation Department; disputes as to the amount to be resolved at a court hearing (PC § 1203.1(a)(3)). Pay victim restitution of \$ _____ (PC § 1203.1(a)(3)). Pay restitution of \$ _____ to DPSS and report to DPSS Recovery Unit within 5 days of sentencing or release. Pay interest on restitution of 10% per annum from _____ (PC § 1202.4(f)(3)(G)). Pay administrative fee equal to 15% of victim restitution (PC § 1203.1(l)). Pay the actual cost of court ordered drug testing through the court as directed by Enhanced Collections. Report to/cooperate with Enhanced Collections immediately or within two business days of release from custody. Report to Enhanced Collections immediately, or within two business days after release, regarding ability to pay attorney fees; total hours _____. Submit to HIV/AIDS testing by RSO (in-custody)/County Health Department within 5 days of this order (PC §1202.1).
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ALCOHOL / DUI / DRIVING LICENSE

<input type="checkbox"/> TDA <input type="checkbox"/> TDE <input type="checkbox"/> TDF <input type="checkbox"/> TDH <input type="checkbox"/> TDM1/ TDM1A <input type="checkbox"/> TDM2 <input type="checkbox"/> TDM12	Do not consume alcoholic beverages; do not frequent places where they are main item of sale. Do not drive with any measurable amount of alcohol or drugs in your blood, or within 6 hours of consuming alcohol or any drugs. If arrested for driving under the influence of intoxicants, submit to blood, breath, or urine test as requested by the arresting officer. Do not drive unless properly licensed nor without insurance or valid registration. Install an ignition interlock device in each vehicle you own or operate by _____ and maintain for a period of _____ months from the date of reinstatement of your driving privilege. File proof of installation of IID by _____. IID installation is stayed as long as you do not own or operate any vehicle.	<input type="checkbox"/> TDG1 <input type="checkbox"/> TDG3 <input type="checkbox"/> TDG2 <input type="checkbox"/> TDG4 <input type="checkbox"/> TDG7 <input type="checkbox"/> TDG8 <input type="checkbox"/> TDN4/ TDN4A <input type="checkbox"/> TDN4B <input type="checkbox"/> THV <input type="checkbox"/> PPIID	Contact or phone by _____ Complete by _____ AB541- 1 st Offender Impaired Driver Program. AB1353 - 1 st Offender Impaired Driver Program (enhanced) SB38 - 18 month Offender Impaired Driver Program SB1176 - Alcohol and drug education class. Enroll in the HAMM Program by _____. Enroll in the TEMPO Program by _____. Enroll by _____ and successfully complete, at your expense, the Alcohol Monitoring Program through Sentinel Offender Services (SOS). Pay the alcohol monitoring and installation fees in an amount and manner as determined by Sentinel Offender Services (SOS), and as directed by the probation officer. Enroll in boating safety classes by _____ and complete by _____. Provide proof of installation of IID by returning the verification form to the court by _____ or appear at _____ in Dept. _____ on that date.
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DRUG / SEARCH / TEST PROGRAM TERMS

<input type="checkbox"/> TDL2 / TDL2A <input type="checkbox"/> TEC3 / TEC3A <input type="checkbox"/> TEA1 / TEA1A <input type="checkbox"/> TEA1B	Do not knowingly possess, use, have in your control, any controlled substances/drug related paraphernalia, unless medically prescribed for you. Prescribed usage to be reported to Probation Officer. Submit to chemical test of your blood, saliva, breath, urine or hair follicle or any reasonable physical test upon request of any law enforcement or probation officer. Submit to immediate search of property including all residences/premises/storage units, containers & vehicles under your control; by probation officer or law enforcement officer; with or without cause; Search for the detection of _____	<input type="checkbox"/> THP <input type="checkbox"/> TMJ <input type="checkbox"/> TMF <input type="checkbox"/> TMB / TMB1 <input type="checkbox"/> TEF2	Enroll in AIDS education program by _____ and complete by _____. Report to the Alternative Sentencing within 14 days (excluding time in custody) and: Enroll in parenting classes as directed thru the Court / Probation/ Alternative Sentencing/DPSS by _____. Complete by _____. Enroll in Probation approved 52-week Domestic Violence Program (PC 1203.097); provide proof of enrollment to the court/probation on/before _____. Complete by _____. Provide a DNA sample as directed by probation or law enforcement personnel (PC § 296(a)).
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* Pay all program fees and submit proof of payment and program completion as directed by the Probation Officer.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

SENTENCING
MEMORANDUM
MANDATORY
SUPERVISION

Case Number: _____

DRUG / SEARCH / TEST PROGRAM TERMS, (Continued)

<input type="checkbox"/> THK1 <input type="checkbox"/> THK2 <input type="checkbox"/> THK3 <input type="checkbox"/> THK4 <input type="checkbox"/> TDB <input type="checkbox"/> TDB3	Register with local law enforcement within 5 days from today or within 5 days upon release from custody: PC § 290 H&S § 11590 PC § 457.1 PC § 186.30 Attend _____ AA meetings or approved alternative program. Provide proof of completion to probation/court by _____. Attend _____ NA meetings or approved alternative program. Provide proof of completion to probation/court by _____.	<input type="checkbox"/> THG / THGA <input type="checkbox"/> THF / THFA <input type="checkbox"/> TME1/A <input type="checkbox"/> TMA	Reside at _____, cooperate with staff and do not leave without permission. Participate and complete at your expense any counseling, rehabilitation/treatment program deemed appropriate by probation officer; and authorize release of information relative to progress. Enroll in probation approved 1 year minimum Child Abuse Treatment Program. Provide proof within 30 days of order/release.* Enroll in Anger Management Program by _____ and complete by _____.*
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* Pay all program fees and submit proof of payment and program completion as directed by the Probation Officer.

ASSOCIATION / RESIDENCE / WORK TERMS

<input type="checkbox"/> THO <input type="checkbox"/> THO1 <input type="checkbox"/> TDK / TDKA / TDK1/A <input checked="" type="checkbox"/> THR <input type="checkbox"/> TFK	Do not associate with any unrelated person you know to be on probation/parole/mandatory supervision, or PRCS. Do not associate with any unrelated person you know to be either on probation/parole/mand. supervision/PRCS, or a gang member. Do not associate with any unrelated person you know to be a possessor/user /trafficker of controlled substances/ on probation/parole/mand. supervision/PRCS. Do not leave the State of California without first obtaining written permission of the Probation Department per the Interstate Compact Act. Do not annoy, harass, threaten or disturb the peace of _____.	<input type="checkbox"/> THB <input type="checkbox"/> THC <input type="checkbox"/> THC1 <input type="checkbox"/> THD <input type="checkbox"/> THS <input type="checkbox"/> THT	Seek and maintain employment or attend a full time school or vocational program. Inform the probation officer of your place of residence; reside at residence approved by the probation officer; Give written notice to the probation officer 24 hours before changing your residence and do not move without the approval of the probation officer. Have no direct or indirect contact with _____. Do not be absent from your county of residence for a period of more than 48 hours without prior approval of the Probation Officer. Do not travel more than 50 miles from your residence without prior approval of the probation officer.
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TAGGER TERMS

<input type="checkbox"/> TLR <input type="checkbox"/> TLS <input type="checkbox"/> TLT	Do not engage in tagging, marking, painting, scribing or defacing public and/or private property. Do not knowingly use or possess spray paint, markers, scribes, aerosol nozzles, or other items that you know are commonly used for tagging. Do not associate with any person you know to engage in tagging or similar activities.	<input type="checkbox"/> TLU / TLUA / TLUB	Submit to immediate search/seizure of person/ property including all residences/premises/storage units/containers/vehicles by probation/law enforcement officer with/without reasonable cause; for detection of tagging and/or scribing items such as spray paint/markers/scribes/aerosol nozzles or other items commonly used for tagging.
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ADDITIONAL MANDATORY SUPERVISION TERMS

<input type="checkbox"/> THJA1 / THJA1A <input type="checkbox"/> TFO <input type="checkbox"/> THI <input type="checkbox"/> THM1 <input type="checkbox"/> OTHER	Do not knowingly own, possess, have under your control / immediate access to any firearm, deadly weapon, ammunition or weapon related paraphernalia/incendiary device. Stay _____ yards away from _____, and don't enter premises described as _____. Report any law enforcement contacts to probation officer within 48 hours. If expelled or deported, do not re-enter the United States illegally.	<input type="checkbox"/> TXBA1 <input type="checkbox"/> TMI1 <input type="checkbox"/> THL <input type="checkbox"/> THM2 / THM2A	Do not knowingly own, possess, have under your control/any firearm, deadly weapon, ammunition or related paraphernalia for life (PC §29805). Any valid Domestic Violence protection/restraining order existing during the period of mandatory supervision is incorporated into the supervised release terms. Report to probation officer immediately or upon release from custody, and abide by all reasonable directives of probation officer. If expelled, deported, or voluntarily leave the United States, you must report to probation by telephone or in writing within 30 days of departure.
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ADDITIONAL STAND -ALONE ORDERS OF THE COURT, NOT IMPOSED AS TERMS AND CONDITIONS OF MANDATORY SUPERVISION

<input checked="" type="checkbox"/> TXX <input checked="" type="checkbox"/> TXW <input type="checkbox"/> TXW1 <input type="checkbox"/> TXV2 <input type="checkbox"/> TXV3 <input type="checkbox"/> TXL <input type="checkbox"/> FNPAF <input type="checkbox"/> POF <input type="checkbox"/> DMVNIR <input type="checkbox"/> TXD3 <input type="checkbox"/> TXG1	Pay court operations assessment fee of \$40 per convicted charge (PC § 1465.8). Pay court conviction assessment fee of \$30 per convicted misdemeanor/felony charge (GC § 70373). Pay court conviction assessment fee of \$35 per convicted infraction charge (GC § 70373). Pay citation fees of \$10 (GC § 29550). Pay O.R. fees of \$25 (GC § 29550). Pay cost of pre-sentence report in amount to be determined by Probation, not to exceed \$ _____ (PC § 1203.1b). Any fine/fee not paid in full by _____ will be subject to a \$50 administrative fee (PC § 1205(d)). Payment of fines due by _____ or appear at 7:30 am on that date. DMV shall not issue a restricted drivers license. Your license: Is suspended for _____ months. Surrender license to the court. Shall be revoked by DMV (VC § 13202(b)) for _____ mos.	<input type="checkbox"/> TXG4/A <input type="checkbox"/> TXV TXVA <input type="checkbox"/> CFAF <input type="checkbox"/> TXA2 <input type="checkbox"/> TXV5 <input type="checkbox"/> PHS <input type="checkbox"/> THY	Shall be revoked by DMV for _____ months and until you complete the SB38 Impaired Driver Program, if ordered. Pay the costs of mandatory supervision in an amount to be determined by Probation. Based on the level of supervision, the monthly costs will range from \$ _____ to \$ _____ (PC § 1203.1b). Court finds defendant has the ability to reimburse the county for attorney fees in the amount of \$ _____ payable to the Court through the Enhanced Collections Division. [1 hr. = \$119.51] Weapons ordered destroyed (PC §18005(c).) Pay Pre-sentence Incarceration costs of \$ _____. (Incarcerated for _____ days). (PC 1203.1c). Defendant is ordered to return to court on _____ at _____ in Dept. _____ for _____. Return to court on _____ at _____ in Dept. _____ for a progress hearing to evaluate your compliance with the above terms and conditions.
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I have read, I understand, and I accept these terms and conditions of mandatory supervision, and additional non-supervision orders on pages one and two.

Defendant: _____ Defense Attorney: _____

District Attorney: _____ Interpreter: _____

Dated: _____ IT IS SO ORDERED: _____ JUDICIAL OFFICER