

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE  
PROGRAM REINSTATEMENT/RE-ENROLLMENT MEMORANDUM**

Page \_\_\_\_\_ of \_\_\_\_\_  
People v. \_\_\_\_\_

Case Number: \_\_\_\_\_

<input type="checkbox"/> PRM <input type="checkbox"/> PCM <input type="checkbox"/> PED <input type="checkbox"/> PRG		Probation is reinstated and modified as follows: Probation is continued on the same terms and conditions and modified as follows: Probation expiration date set at _____ Program reinstatement granted as follows	<b>CREDITS</b> <input type="checkbox"/> CTS <input type="checkbox"/> CTSVOP <input type="checkbox"/> BWR <input type="checkbox"/> BWQ		Credit time Served (presentence) _____ days actual plus _____ Days PC §4019. Credit time served _____ days actual plus _____ days PC§4019. Bench Warrant Recalled Bench Warrant Quashed
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<b>CUSTODY/WORK PROGRAMS/COMMUNITY SERVICE</b>						
<input type="checkbox"/> TAG <input type="checkbox"/> NTO <input type="checkbox"/> CBDSC <input type="checkbox"/> DSBWR <input type="checkbox"/> WRBDSC <input type="checkbox"/> CJSS <input type="checkbox"/> WRR <input type="checkbox"/> WRRP <input type="checkbox"/> REMSOS		Committed to custody of the Riverside Sheriff for an additional term of _____ days. Net Time Owed: _____ days. Custody balance to be determined by Smith Correctional Facility Serve the balance of _____ days in the Work Release Program Work Release balance to be determined by Smith Correctional Facility Surrender _____ at _____ in Department _____ to commence jail sentence. Work Release Program reinstated. Defendant to report to program on _____ at _____ a.m. Work Release Program reinstated at the request of the Probation Department. Defendant to report to program on _____ at _____ a.m. Reinstated in Electronic Monitoring (ankle bracelet) through Sentinel Offender Services (SOS). Report by: _____		<input type="checkbox"/> ASHLR <input type="checkbox"/> REM <input type="checkbox"/> TAD <input type="checkbox"/> COB <input type="checkbox"/> TXY5RD <input type="checkbox"/> ACSH <input type="checkbox"/> CSHR <input type="checkbox"/> NHCS <input type="checkbox"/> PPB		Alternative Sentencing Hard Labor Program ordered reinstated. Defendant to report by _____ Reinstated in the Electronic Monitoring program (ankle bracelet) through LCA Client Services. Report by _____ Committed to the custody of the Riverside County Sheriff for one day booking purposes only. Report to _____ by _____ Court orders defendant remanded for Booking purposes only, to be released immediately upon completion of booking process Report by _____ to the Sheriff's Live Scan Office for fingerprinting requirement pursuant to 853.6(g) PC _____ additional community service hours ordered. Net hours owed _____ Community Services Hours Reinstated. Provide proof of completion on or before _____ Net hours owed: _____ [Community service] Provide proof of _____ to the Court by _____

<b>DRINKING DRIVER PROGRAM</b>						
<input type="checkbox"/> R541 <input type="checkbox"/> R1353		Re-enroll in AB541 1 <sup>st</sup> Offender DUI Program by _____, and complete by _____ Re-enroll in AB1353 1 <sup>st</sup> Offender DUI Program by _____, and complete by _____		<input type="checkbox"/> R38 <input type="checkbox"/> R1176 <input type="checkbox"/> RETH		Re-enroll in SB38 2 <sup>nd</sup> Offender DUI Program by _____, and complete by _____ Re-enroll in SB1176 by _____ and complete by _____ Re-enroll in the TEMPO/Hamm Program by _____

<b>OTHER PROGRAMS</b>						
<input type="checkbox"/> REAM <input type="checkbox"/> REDV <input type="checkbox"/> RECA <input type="checkbox"/> REMADD		Re-enroll in Anger Management by _____ and complete by _____ Re-enroll in 52-week Domestic Violence Program by _____ and complete by _____ Re-enroll in Child Abuse Treatment Program for by _____ and complete by _____ Re-enroll in MADD Victim Impact Panel session by _____ and complete by _____		<input type="checkbox"/> REAIDS <input type="checkbox"/> REPC <input type="checkbox"/> RAM <input type="checkbox"/> TDM2		Re-enroll in AIDS Education and provide proof to the Court by _____ Re-enroll in Parenting classes by _____ and complete by _____ Reinstated in alcohol monitoring program through Sentinel Offender Services (SOS). Report by _____ Complete by _____. Days owed _____ File proof of installation of Ignition Interlock Device by _____

<b>FINES/FEES</b>	
<input type="checkbox"/> DORECD	Report and cooperate with Enhanced Collections Division immediately, or within two business days of release from custody

<b>MISCELLANEOUS ORDERS</b>					
<input type="checkbox"/> DORTP <input type="checkbox"/> TXJ1 TXJ1A TXJ1B		Report/re-enroll in _____ Program on or before _____ Submit to HIV/AIDS testing within 5 days of this order Pursuant to 1202.1 PC. Testing to be completed by <input type="checkbox"/> Riverside Sheriff's Department <input type="checkbox"/> Department of Mental Health		<input type="checkbox"/> PPC Provide proof of completion of _____ with the clerk of the Court or appear on _____ at _____ in Department _____	

I have read, I understand, and I accept these terms and conditions of Reinstatement/Re-enrollment.

Defendant: \_\_\_\_\_ Defense Attorney: \_\_\_\_\_

District Attorney: \_\_\_\_\_ Interpreter: \_\_\_\_\_

Dated: \_\_\_\_\_ IT IS SO ORDERED: \_\_\_\_\_ JUDICIAL OFFICER