



CAUSE NO. \_\_\_\_\_

THE STATE OF TEXAS  
VS.

IN THE COUNTY COURT  
AT LAW # \_\_\_\_\_  
BEXAR COUNTY, TEXAS

DEFENDANT’S WAIVER OF CONSTITUTIONAL  
RIGHTS AND COURT’S ADMONITIONS

I, \_\_\_\_\_, THE DEFENDANT, BEING PRESENT IN COURT IN PERSON, HEREBY WAIVE  
THE READING OF THE INFORMATION IN THE ABOVE NUMBERED AND STYLED CAUSE.

I UNDERSTAND THAT I AM CHARGED WITH THE OFFENSE OF \_\_\_\_\_.

I HEREBY ENTER A PLEA OF \_\_\_\_\_ TO THIS CHARGE.

I AM INFORMED BY THE COURT AS FOLLOWS:

1. I understand the range of punishment for this offense is (Check one):
  - \_\_\_\_\_ DWI 1<sup>st</sup> - \$0 to \$2000 fine and 72 hours to 180 days in jail
  - \_\_\_\_\_ DWI 1<sup>st</sup> (With B.A.C. of 0.15 or more) - \$0 to \$4000 fine and 0 days to one year jail
  - \_\_\_\_\_ DWI 2<sup>nd</sup> - \$0 to \$4000 fine and 30 days to one year in jail
  - \_\_\_\_\_ DWI Open Container- \$0 to \$2000 fine and 6 days to 180 days jail
  - \_\_\_\_\_ DWLI - \$100 to \$500 fine and 72 hours to 180 days in jail
  - \_\_\_\_\_ Class A - \$0 to \$4000 fine and 0 days to one year jail
  - \_\_\_\_\_ Class B - \$0 to \$2000 fine and 0 days to 180 days jail
  - \_\_\_\_\_ Class C - \$0 to \$500 fine
  - \_\_\_\_\_ Other \_\_\_\_\_
  
2. I understand I have a right to a jury trial, a right to cross-examination of witnesses, and a right to remain silent. I freely and voluntarily waive (give up) those rights;
  
3. I am now mentally competent. My plea is entered without any consideration of fear. I have not been threatened or coerced into making my plea; I am pleading freely and voluntarily;
  
4. If I am entering a plea of GUILTY to this charge it is because I am guilty and for no other reason;
  
5. If my plea is one of NOLO CONTENDERE, it is because I have considered all aspects of my legal situation, discussed them with my attorney, and determined that the entry of such plea is in my own best interest;
  
6. I understand the punishment recommendation of the prosecuting attorney is not binding on the Court. The Court may accept or reject any plea agreement made by me and the State. I understand if the Court rejects the plea agreement, I shall be permitted to withdraw my plea and no statement received during such plea hearing may be admitted against me on the issue of guilt or punishment in any subsequent criminal proceeding;
  
7. I understand if the punishment assessed by the Court does not exceed the plea bargain, the Court must give me permission in order to appeal any non-jurisdictional defect or error that occurred prior to entry of plea, unless the appeal relates to matters raised by written motions filed by me or my attorney prior to trial and ruled upon by the Court;
  
8. If I am not a citizen of the United States of America, I understand a plea of guilty or nolo contendere for the offense charged may result in deportation, exclusion from admission to this country, or denial of naturalization under federal law. I have discussed this with my attorney, been made aware of these potential consequences, and am knowingly entering into a plea to this type of offense;

(OVER)

9. If I am convicted of a misdemeanor offense involving violence where I am or was a spouse, intimate partner, parent, or guardian of the victim and am or was involved in another similar relationship with the victim, it may be unlawful for me to possess or purchase a firearm, including a handgun or long gun, or ammunition, pursuant to federal law under 18 U.S.C. §922(g)(9) or section 46.04(b), Texas Penal Code. If I have any questions about whether those laws make it illegal for me to possess or purchase a firearm, I will consult with my attorney.
10. If an application for deferred adjudication is granted, upon motion for adjudication of guilt, if any, I may be arrested and detained. I will be entitled to a hearing limited to the determination by the court of whether it proceeds with an adjudication of guilt on the original charge. After an adjudication of guilt, all proceedings, including assessment of punishment, pronouncement of sentence, granting of community supervision, and my appeal continue as if the adjudication of guilt had not been deferred;
11. If my application for deferred adjudication is granted, I understand that upon successful completion, I have the right to petition the court for an Order of nondisclosure under Subchapter E-1, Chapter 411, Texas Government Code, unless I am ineligible to pursue this right due to another statutory reason.
12. If I am convicted of an offense now or at a later time, I understand that I may have the right to petition the court for an Order of nondisclosure under Subchapter E-1, Chapter 411, Texas Government Code, unless I am ineligible to pursue this right due to another statutory reason.
13. If I am charged with an offense under Chapter 49 of the Texas Penal Code, any toxicological evidence collected pursuant to an investigation or a prosecution will be retained for the duration of my sentence or community supervision. Knowing of this retention period, I hereby waive the retention of any toxicological evidence collected pursuant to an investigation or a prosecution of this case for longer than six months.
14. I am waiving the right to have a risk and needs assessment performed prior to sentencing under Article 42A.301, Texas Code of Criminal Procedure and elect to have the Court proceed with sentencing at this time.

I HAVE READ, OR HAVE HAD READ TO ME, THE ADMONITIONS AND STATEMENTS CONTAINED IN THIS DOCUMENT AND AM AWARE OF THE CONSEQUENCES OF MY PLEA OF GUILTY/NOLO CONTENDERE;

DATE: \_\_\_\_\_

\_\_\_\_\_  
DEFENDANT'S SIGNATURE

\*\*\*\*\*

I certify that I am the attorney of record for above defendant. I waive the 10 days allowed by statute to prepare and elect to proceed today. I have counseled with the defendant and have concluded that the defendant has a rational and factual understanding of both the charge pending and this proceeding. Additionally, I have fully explained this waiver to my client and I am satisfied that in each instance the defendant has voluntarily relinquished a known right and is aware of the consequences of this plea. I join in the defendant's waiver of the right of trial by jury.

DATE: \_\_\_\_\_

\_\_\_\_\_  
ATTORNEY FOR THE DEFENDANT

\*\*\*\*\*

The application to waive the jury is approved and my consent is hereby given and entered of record. The court, having considered the foregoing plea of the defendant, it appears to the court that the defendant is mentally competent. The court having duly admonished the defendant of the consequences of his plea, accepts the defendant's plea, jury waiver, and plea bargain filed and entered upon the minutes of this court.

SIGNED AND ENTERED THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
JUDGE PRESIDING

No. \_\_\_\_\_

STATE OF TEXAS

§

IN THE COUNTY COURT

VS

§

AT LAW NO. \_\_\_\_\_

§

BEXAR COUNTY, TEXAS

**TRIAL COURT’S CERTIFICATION OF DEFENDANT’S RIGHT OF APPEAL\***

I, judge of the trial court, certify this criminal case:

- is not a plea-bargain case, and the defendant has the right of appeal; (or)
- is a plea-bargain case, but matters were raised by written motion filed and ruled on before trial and not withdrawn or waived, and the defendant has the right of appeal; (TEX. R. APP. P. 25.2(a)(2)(A)); (or)
- is a plea-bargain case, but the trial court has given permission to appeal, and the defendant has the right of appeal; (TEX. R. APP. P. 25.2(a)(2)(B)); (or)
- is a plea-bargain case, where the specific appeal is expressly authorized by statute; (TEX. R. APP. P. 25.2(a)(2)(C)); (or)
- is a plea-bargain case, and the defendant has NO right of appeal; (or)
- is a revocation of the defendant’s community supervision, and the defendant has the right to appeal the court’s actions revoking the community supervision, but not the underlying conviction; (TEX. CODE CRIM. PROC. 42A.755(e)); (or)
- is an adjudication of guilt following a deferred adjudication, and the defendant has a limited right of appeal; (TEX. CODE CRIM. PROC. 42A.110(a), 42A.755(e)); (or)
- is a decision on the defendant’s motion for forensic DNA testing and the defendant has the right of appeal; (TEX. CODE CRIM. PROC. 64.05); (or)
- is one in which the defendant has waived the right of appeal;

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Date Signed

I have received a copy of this certification. I have also been informed of my rights concerning any appeal of this criminal case, including any right to file a *pro se* petition for discretionary review pursuant to Rule 68 of the Texas Rules of Appellate Procedure. I have been admonished that my attorney must mail a copy of the court of appeals judgements and opinions to my last known address and that I have only 30 days in which to file a *pro se* petition for discretionary review with the Texas Court of Criminal Appeals (TEX R. APP. P. 68.2). I acknowledge that, if I wish to appeal this case and if I am entitled to do so, it is my duty to inform my appellate attorney, by written communication of any change in the address at which I am currently living or any change in my current prison unit. I understand that, because of appellate deadlines, if I fail to timely inform my appellate attorney of any change in my address, I may lose the opportunity to file a *pro se* petition for discretionary review.

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Defendant’s Counsel

\_\_\_\_\_  
Mailing Address:

\_\_\_\_\_  
State Bar No. \_\_\_\_\_

\_\_\_\_\_  
Mailing Address:

\_\_\_\_\_  
Telephone Number:

\_\_\_\_\_  
Telephone Number:

\_\_\_\_\_  
Fax Number if any:

\_\_\_\_\_  
Fax Number if any:

\* “A defendant in a criminal case has the right of appeal under these rules. The trial court shall enter a certification of the defendant’s right to appeal in every case in which it enters a judgement of guilt or other appealable order. In a plea bargain case—that is, a case in which a defendant’s plea was guilty or nolo contendere and the punishment did not exceed the punishment recommended by the prosecutor and agreed to by the defendant—a defendant may appeal only: (A) those matters that were raised by written motion filed and ruled on before trial, or (B) after getting the trial court’s permission to appeal, or (C) where the specific appeal is expressly authorized by the statute.” Texas Rule of Appellate Procedure 25.2 (a)(2)(c)



\*REPORT DIRECTLY TO: PROBATION OFFICE- 207 NORTH COMAL- SAN ANTONIO, TX 78207\*

**APPLICATION FOR  PROBATION /  DEFERRED ADJUDICATION**

CAUSE NUMBER: \_\_\_\_\_

SPANISH SPEAKER

THE STATE OF TEXAS

IN THE COUNTY COURT

VS.

§

AT LAW NO. \_\_\_\_\_

§

BEXAR COUNTY, TEXAS

**TO THE JUDGE OF SAID COURT:**

Now comes the Defendant in the above styled and numbered cause, and praying that he be granted probation in said cause, would show the Court:

- (1) That he/she has never before been convicted in this or any other jurisdiction of a felony.
- (2) That he/she has fully executed, and has attached as an exhibit to this application, a "Defendant's Personal Data Sheet." Each statement of which is true and correct and is made a part of this application as fully and to all intents and purposes as though incorporated in this the body thereof.

DEFENDANT

THE STATE OF TEXAS

§

COUNTY OF BEXAR

BEFORE ME, THE UNDERSIGNED AUTHORITY, on this day personally appeared the Defendant in the above styled and numbered cause, who being by me duly sworn, deposes and says on this oath that every averment in the foregoing petition and application for probation, and in the "Defendant's Personal Data Sheet," attached as an exhibit thereto, is true and correct, and that he/she understands and acknowledges that any untrue statement in said application, or in said exhibit, may be grounds for denial or revocation of any probation in said cause.

SID NO: \_\_\_\_\_

OFFENSE: \_\_\_\_\_

DEFENDANT

SUBSCRIBED AND SWORN TO BEFORE ME ON this \_\_\_\_ day \_\_\_\_\_ of A.D. 20\_\_.

BEXAR COUNTY DEPUTY CLERK

|  |  |                    |
|--|--|--------------------|
| <input type="checkbox"/> DEFERRED ADJUD <input type="checkbox"/> PROBATION | FINE: _____  | RESTITUTION: _____ |
| SENTENCE: _____  | CRT COSTS: _____   | CAA: _____         |
| PROBATED FOR: _____  | SUPERVISORY FEE: _____<br><input type="checkbox"/> Evaluate for reduced supervisory fees | ATTY'S NAME: _____ |

|  |  |  |
|--|--|--|
| <input type="checkbox"/> DWI Education _____<br><input type="checkbox"/> DWI Intervention _____<br><input type="checkbox"/> Victim Impact Panel<br><input type="checkbox"/> Live Version<br><input type="checkbox"/> TAIP Evaluation _____<br><input type="checkbox"/> Alc/Drug Eval<br><input type="checkbox"/> Aggressive Driving<br><input type="checkbox"/> Alcohol Awareness<br><input type="checkbox"/> You Impact                       | <input type="checkbox"/> Anger Management<br><input type="checkbox"/> Battering Intervention<br><input type="checkbox"/> Stress Education<br><input type="checkbox"/> Parenting Prog<br><input type="checkbox"/> Life Skills<br><input type="checkbox"/> Theft Class Lvl 1<br><input type="checkbox"/> Theft Class Lvl 2<br><input type="checkbox"/> GED/HS Diploma<br><input type="checkbox"/> Cognitive Behavior Prog.<br><input type="checkbox"/> Prob. compliance: _____ | <input type="checkbox"/> Jail time _____<br><input type="checkbox"/> No Contact Business _____<br><input type="checkbox"/> No Contact Person _____<br><input type="checkbox"/> No HOIC _____<br><input type="checkbox"/> Community Service _____<br><input type="checkbox"/> Permission to Transfer to _____<br><input type="checkbox"/> Permission to Travel _____<br><input type="checkbox"/> Zero Tolerance for _____ |
| <input type="checkbox"/> Ignition Interlock _____<br><input type="checkbox"/> In Home Device _____<br><input type="checkbox"/> SCRAM _____<br><input type="checkbox"/> Soberlink _____<br><input type="checkbox"/> Portable Alcohol Monitor _____<br><input type="checkbox"/> Affidavit of Non-Driving<br><input type="checkbox"/> DL Suspension _____<br><input type="checkbox"/> No Driving _____<br><input type="checkbox"/> SR 22/32 _____ | <input type="checkbox"/> Antabuse _____<br><input type="checkbox"/> Outpatient CSCD<br><input type="checkbox"/> Outpatient Other _____<br><input type="checkbox"/> TX Drug Offender Prog<br><input type="checkbox"/> AA/NA _____ X per _____<br><input type="checkbox"/> UAs _____ X per _____<br><input type="checkbox"/> Report weekly for _____   | <input type="checkbox"/> Drug Court _____<br><input type="checkbox"/> DWI Court _____<br><input type="checkbox"/> Veterans Court _____<br><input type="checkbox"/> Mental Health Court _____<br><input type="checkbox"/> Mentally Impaired Caseload<br><input type="checkbox"/> MIOF _____<br><input type="checkbox"/> SATF _____<br><input type="checkbox"/> ISF _____  |

- Run cc w/ \_\_\_\_\_
- Destroy Weapon
- Take into Consideration
- Financial Assessment
- AFFV

OTHER: \_\_\_\_\_

# County Court Personal Data Sheet

|                  |  |                  |    |    |    |     |    |   |
|------------------|--|------------------|----|----|----|-----|----|---|
| Last Name        |  | Suffix           | Jr | Sr | II | III | IV | V |
| First Name       |  | Middle Name      |    |    |    |     |    |   |
| Mailing Address  |  | Physical Address |    |    |    |     |    |   |
| City, State, Zip |  | City, State, Zip |    |    |    |     |    |   |
| Home Phone       |  | Cell Phone       |    |    |    |     |    |   |
| Email            |  |                  |    |    |    |     |    |   |

**All defendants residing outside Bexar County need permission of Court to transfer.**

|  |              |                               |           |                                      |          |
|--|--------------|-------------------------------|-----------|--------------------------------------|----------|
| Employment Status<br><i>Select One</i> | Unemployment | Full-Time                     | Part-Time | Student                              | Disabled |
| Current Employer                       |              | Phone                         |           | Length of Employment                 |          |
| Address<br>City, State, Zip            |              | Supervisor Name:              |           | Income<br>\$ _____/mo or \$ _____/wk |          |
| Previous Employer                      |              | Previous Length of Employment |           |                                      |          |
| Have you served in the military?       | Yes          | No                            | Branch?   | When?                                |          |

|   |                                    |                                   |  |
|---|------------------------------------|-----------------------------------|--|
| If you receive financial assistance, check all that apply |                                    |                                   |  |
| Unemployment<br>Amount: \$ _____                          | Workman's Comp<br>Amount: \$ _____ | Welfare<br>Amount: \$ _____       | Food Stamps/SNAP<br>Amount: \$ _____   |
| Social Security<br>Amount: \$ _____                       | Disability<br>Amount: \$ _____     | Child Support<br>Amount: \$ _____ | Pension/Retirement<br>Amount: \$ _____ |

|                |     |    |                            |  |
|----------------|-----|----|----------------------------|--|
| Diploma or GED | Yes | No | Highest Level of Education |  |
|----------------|-----|----|----------------------------|--|

|                              |                          |      |                              |                        |                 |                                |
|------------------------------|--------------------------|------|------------------------------|------------------------|-----------------|--------------------------------|
| Housing<br><i>Select one</i> | Rent<br>Amount: \$ _____ | Own  | Live with parents?<br>Yes No | Mother Employer: _____ | Full            | Part-time                      |
|                              |                          |      |                              | Father Employer: _____ | Full            | Part-time                      |
| Marital Status               |                          |      |                              | Spouse Name            |                 |                                |
| Spouse Employer              |                          |      | Full                         | Part-time              | Salary \$ _____ | How long _____                 |
| # of Children                |                          | Ages |                              | # of adults in home    |                 | Child Support Payment \$ _____ |

|               |      |            |            |                    |  |
|---------------|------|------------|------------|--------------------|--|
| Date of Birth |      | DL #/State |            | DL Expiration Date |  |
| SSN           |      | SID #      |            | FBI #              |  |
| Sex           | Male | Female     | Hair Color | Eye Color          |  |
| Height        |      | Weight     |            |                    |  |

|                |  |             |               |              |              |
|----------------|--|-------------|---------------|--------------|--------------|
| Place of Birth |  | Citizenship | United States | Mexico       | Other: _____ |
| Language       |  | Ethnicity   | Hispanic      | Non-Hispanic | Race _____   |

|   |  |       |  |              |  |
|---|--|-------|--|--------------|--|
| List a reference that will know your whereabouts at all times |  |       |  |              |  |
| Name  |  | Phone |  | Relationship |  |
| Home Address  |  |       |  |              |  |

|                 |  |      |  |       |  |         |  |       |  |
|-----------------|--|------|--|-------|--|---------|--|-------|--|
| Auto Make/Model |  | Year |  | Color |  | License |  | State |  |
|-----------------|--|------|--|-------|--|---------|--|-------|--|

Defendant's Statement: I have prepared the foregoing to submit to the Court as an exhibit to my application for probation. I have carefully checked the same for accuracy and understand that any false statement here may be grounds for the Court to withhold or revoke probation herein.

\_\_\_\_\_  
Attorney's Signature

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date

**COUNTY COURT PLEA NOTES**

|   |   |  |
|---|---|--|
| CASE NO.<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> | DEFENDANT NAME<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> | COURT<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
|---|---|--|

|   |  |
|---|--|
| OFFENSE / CHARGE<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> | INFORMATION AMENDED TO (IF ANY)<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
|---|--|

|   |  |   |
|---|--|---|
| PROSECUTOR<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> | DEFENSE COUNSEL<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> | COURT REPORTER<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
|---|--|---|

|  |
|--|
| <b>PLEA TAKEN:</b> <b>No Contest</b> <b>Guilty</b> |
|--|

| <b>DEFERRED</b>   |  | <b>PROBATION</b>  |  | <b>SENTENCED</b>               |  |
|-------------------|--|-------------------|--|--------------------------------|--|
| Fine              |  | Fine              |  | Fine                           |  |
| Court Costs       |  | Court Costs       |  | Court Costs                    |  |
| Months Def. Adj.  |  | Days Sentenced    |  | Days Sentenced                 |  |
| Comm. Serv. Req.  |  | Probated          |  | Credit for Time Served         |  |
| Supplemental Fine |  | Comm. Serv. Req.  |  | Time & Money to Run Concurrent |  |
|                   |  | Supplemental Fine |  | Judgement Satisfied (JSAT)     |  |

TAKEN INTO CONSIDERATION: \_\_\_\_\_

TO RUN CONCURRENT WITH: \_\_\_\_\_

**JUDGE ORDERS**

|   |             |      |      |        |            |           |           |             |      |             |                  |  |                    |  |                           |  |                            |  |  |            |            |       |     |                                |  |                 |  |             |  |               |  |     |  |   |      |     |       |        |         |  |        |          |
|---|-------------|------|------|--------|------------|-----------|-----------|-------------|------|-------------|------------------|--|--------------------|--|---------------------------|--|----------------------------|--|--|------------|------------|-------|-----|--------------------------------|--|-----------------|--|-------------|--|---------------|--|-----|--|---|------|-----|-------|--------|---------|--|--------|----------|
| <p align="center"><b><u>CLASSES ORDERED</u></b></p> <table style="width:100%; border: none;"> <tr><td>APSE</td><td>DOEP</td></tr> <tr><td>ATSE</td><td>DWI ED</td></tr> <tr><td>DIP (Live)</td><td>Parenting</td></tr> <tr><td>Stress ED</td><td>GED/HS Dip.</td></tr> <tr><td>BIPP</td><td>Theft Class</td></tr> <tr><td>Anger Management</td><td></td></tr> <tr><td>Aggressive Driving</td><td></td></tr> <tr><td>AA/NA ___ times per _____</td><td></td></tr> <tr><td>Cognitive Behavior Program</td><td></td></tr> </table> | APSE        | DOEP | ATSE | DWI ED | DIP (Live) | Parenting | Stress ED | GED/HS Dip. | BIPP | Theft Class | Anger Management |  | Aggressive Driving |  | AA/NA ___ times per _____ |  | Cognitive Behavior Program |  | <p align="center"><b><u>DEVICE ORDERED</u></b></p> <table style="width:100%; border: none;"> <tr><td>GPS (FULL)</td><td>GPS (PART)</td></tr> <tr><td>SCRAM</td><td>PAM</td></tr> <tr><td>IGN INT. (minimum 1/2 term) w/</td><td></td></tr> <tr><td>days to install</td><td></td></tr> </table><br><p align="center"><b><u>OTHER FEES</u></b></p> <table style="width:100%; border: none;"> <tr><td>Restitution</td><td></td></tr> <tr><td>Battered W.S.</td><td></td></tr> <tr><td>CSF</td><td></td></tr> </table> | GPS (FULL) | GPS (PART) | SCRAM | PAM | IGN INT. (minimum 1/2 term) w/ |  | days to install |  | Restitution |  | Battered W.S. |  | CSF |  | <p align="center"><b><u>EVALUATION</u></b></p> <table style="width:100%; border: none;"> <tr><td>TAIP</td><td>ATP</td></tr> </table><br><p align="center"><b><u>D.L. SUSPENSION</u></b></p> <p>ORDERED: _____</p><br><p align="center"><b><u>U.A. TESTING</u></b></p> <table style="width:100%; border: none;"> <tr><td>DAILY</td><td>WEEKLY</td></tr> <tr><td>MONTHLY</td><td></td></tr> <tr><td>RANDOM</td><td>FREQUENT</td></tr> </table><br><p align="center"><b><u>ASSAULT COND.S</u></b></p> <p>Aff. Finding of Family Violence<br/>         No Possession of Firearms<br/>         Destroy Weapon &amp; Ammunition<br/>         No Contact                      NHOI</p> <p>_____</p> <p>_____</p> | TAIP | ATP | DAILY | WEEKLY | MONTHLY |  | RANDOM | FREQUENT |
| APSE  | DOEP        |      |      |        |            |           |           |             |      |             |                  |  |                    |  |                           |  |                            |  |  |            |            |       |     |                                |  |                 |  |             |  |               |  |     |  |   |      |     |       |        |         |  |        |          |
| ATSE  | DWI ED      |      |      |        |            |           |           |             |      |             |                  |  |                    |  |                           |  |                            |  |  |            |            |       |     |                                |  |                 |  |             |  |               |  |     |  |   |      |     |       |        |         |  |        |          |
| DIP (Live)  | Parenting   |      |      |        |            |           |           |             |      |             |                  |  |                    |  |                           |  |                            |  |  |            |            |       |     |                                |  |                 |  |             |  |               |  |     |  |   |      |     |       |        |         |  |        |          |
| Stress ED   | GED/HS Dip. |      |      |        |            |           |           |             |      |             |                  |  |                    |  |                           |  |                            |  |  |            |            |       |     |                                |  |                 |  |             |  |               |  |     |  |   |      |     |       |        |         |  |        |          |
| BIPP  | Theft Class |      |      |        |            |           |           |             |      |             |                  |  |                    |  |                           |  |                            |  |  |            |            |       |     |                                |  |                 |  |             |  |               |  |     |  |   |      |     |       |        |         |  |        |          |
| Anger Management  |             |      |      |        |            |           |           |             |      |             |                  |  |                    |  |                           |  |                            |  |  |            |            |       |     |                                |  |                 |  |             |  |               |  |     |  |   |      |     |       |        |         |  |        |          |
| Aggressive Driving  |             |      |      |        |            |           |           |             |      |             |                  |  |                    |  |                           |  |                            |  |  |            |            |       |     |                                |  |                 |  |             |  |               |  |     |  |   |      |     |       |        |         |  |        |          |
| AA/NA ___ times per _____   |             |      |      |        |            |           |           |             |      |             |                  |  |                    |  |                           |  |                            |  |  |            |            |       |     |                                |  |                 |  |             |  |               |  |     |  |   |      |     |       |        |         |  |        |          |
| Cognitive Behavior Program  |             |      |      |        |            |           |           |             |      |             |                  |  |                    |  |                           |  |                            |  |  |            |            |       |     |                                |  |                 |  |             |  |               |  |     |  |   |      |     |       |        |         |  |        |          |
| GPS (FULL)  | GPS (PART)  |      |      |        |            |           |           |             |      |             |                  |  |                    |  |                           |  |                            |  |  |            |            |       |     |                                |  |                 |  |             |  |               |  |     |  |   |      |     |       |        |         |  |        |          |
| SCRAM   | PAM         |      |      |        |            |           |           |             |      |             |                  |  |                    |  |                           |  |                            |  |  |            |            |       |     |                                |  |                 |  |             |  |               |  |     |  |   |      |     |       |        |         |  |        |          |
| IGN INT. (minimum 1/2 term) w/  |             |      |      |        |            |           |           |             |      |             |                  |  |                    |  |                           |  |                            |  |  |            |            |       |     |                                |  |                 |  |             |  |               |  |     |  |   |      |     |       |        |         |  |        |          |
| days to install   |             |      |      |        |            |           |           |             |      |             |                  |  |                    |  |                           |  |                            |  |  |            |            |       |     |                                |  |                 |  |             |  |               |  |     |  |   |      |     |       |        |         |  |        |          |
| Restitution   |             |      |      |        |            |           |           |             |      |             |                  |  |                    |  |                           |  |                            |  |  |            |            |       |     |                                |  |                 |  |             |  |               |  |     |  |   |      |     |       |        |         |  |        |          |
| Battered W.S.   |             |      |      |        |            |           |           |             |      |             |                  |  |                    |  |                           |  |                            |  |  |            |            |       |     |                                |  |                 |  |             |  |               |  |     |  |   |      |     |       |        |         |  |        |          |
| CSF   |             |      |      |        |            |           |           |             |      |             |                  |  |                    |  |                           |  |                            |  |  |            |            |       |     |                                |  |                 |  |             |  |               |  |     |  |   |      |     |       |        |         |  |        |          |
| TAIP  | ATP         |      |      |        |            |           |           |             |      |             |                  |  |                    |  |                           |  |                            |  |  |            |            |       |     |                                |  |                 |  |             |  |               |  |     |  |   |      |     |       |        |         |  |        |          |
| DAILY   | WEEKLY      |      |      |        |            |           |           |             |      |             |                  |  |                    |  |                           |  |                            |  |  |            |            |       |     |                                |  |                 |  |             |  |               |  |     |  |   |      |     |       |        |         |  |        |          |
| MONTHLY   |             |      |      |        |            |           |           |             |      |             |                  |  |                    |  |                           |  |                            |  |  |            |            |       |     |                                |  |                 |  |             |  |               |  |     |  |   |      |     |       |        |         |  |        |          |
| RANDOM  | FREQUENT    |      |      |        |            |           |           |             |      |             |                  |  |                    |  |                           |  |                            |  |  |            |            |       |     |                                |  |                 |  |             |  |               |  |     |  |   |      |     |       |        |         |  |        |          |
| <p><u>Miscellaneous:</u></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>   |             |      |      |        |            |           |           |             |      |             |                  |  |                    |  |                           |  |                            |  |  |            |            |       |     |                                |  |                 |  |             |  |               |  |     |  |   |      |     |       |        |         |  |        |          |

SENTENCE IMPOSED \_\_\_\_\_

RESET FOR \_\_\_\_\_

\_\_\_\_\_  
JUDGE PRESIDING

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CLERK

Corrections (if any):