

Level II Alcohol Education or equivalent program - Colorado approximately 24 contact hours

Completion due: _____, 20____

Date commenced: _____, 20____

Progress to date: Satisfactory Unsatisfactory

Successful completion date: _____, 20____

Termination date: _____, 20____

Reason terminated: _____

* * * * *

Alcohol Therapy or equivalent program

Therapy contact hours ordered: 42 52 68 86 _____

Completion due: _____, 20____

Date commenced: _____, 20____

Progress to date: Satisfactory Unsatisfactory

Successful completion date: _____, 20____

Termination date: _____, 20____

Reason terminated: _____

Respectfully submitted,

Date: _____, 20____

Affiant Name: _____

Title: _____

Agency Name: _____

Agency Address: _____

Phone: (____) _____

(Notarization is required for this document to be valid.)

SUBSCRIBED AND SWORN on _____, 20____ in El Paso County
 Teller _____ County, State of Colorado _____ by the
above affiant, personally known to me.
Witness my hand and official seal.
My Commission expires: _____.

NOTARY SEAL

Notary Public
Address: _____

Nature of offense: traffic, non-violent and non-fraudulent/dishonesty other

INSTRUCTIONS RE COMPLETION PROOF

When completed - mail or file this form directly with the Clerk of Court - address in above caption
DEFENDANT KEEP A COPY IN YOUR PERSONAL RECORDS FOR 5 YEARS
Form provided as courtesy via internet www.gustafsonlaw.com - posted to website May 20, 2005
Robert D. Gustafson - Colorado Attorney Registration No. 10930
6538 Charter Drive, Colorado Springs, CO 80918 Ph: (719) 260-1002 Fax (719) 260-1002
Use of this public form shall neither constitute representation nor appearance of counsel
This is a public form - no attorney representation is made pursuant to C.R.Civ.P. §§ 11(b) or 311(b)