

<b>COUNTY COURT, COUNTY OF _____, COLORADO</b> Court Address:  Phone No.      (____) _____ Fax No.        (____) _____	<b>▲ COURT USE ONLY ▲</b>  _____  <b>Case No:</b> ____ T ____  Div. ____    Courtroom: ____
Plaintiff: <b>PEOPLE OF THE STATE OF COLORADO</b> -v- Defendant(s):	
Defendant or Defendant's Attorney: Name: Address:  Phone: Fax: Email:	
<b>CERTIFICATE OF PROGRESS, COMPLETION OR TERMINATION</b> re: Alcohol Education or Therapy	

STATE OF  COLORADO  \_\_\_\_\_ )  
 ) ss.  
 COUNTY OF  EL PASO  TELLER  \_\_\_\_\_ )

**COMES NOW** the undersigned affiant, who deposes and states that he/she is an authorized employee or agent of the undersigned agency, and further states as follows:

The above defendant was ordered to complete

Level I Alcohol Education or equivalent program - Colorado approximately 12 contact hours

Completion due: \_\_\_\_\_, 20\_\_\_\_

Date commenced: \_\_\_\_\_, 20\_\_\_\_

Progress to date:  Satisfactory  Unsatisfactory

Successful completion date: \_\_\_\_\_, 20\_\_\_\_

Termination date: \_\_\_\_\_, 20\_\_\_\_

Reason terminated: \_\_\_\_\_

\* \* \* \* \*

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](http://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)