

<p align="center">SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN</p> <p align="center"> <input type="checkbox"/> Metropolitan Division <input type="checkbox"/> Delano Division <input type="checkbox"/> Lamont Division <input type="checkbox"/> Mojave Division <input type="checkbox"/> Ridgecrest Division <input type="checkbox"/> Shafter Division <input type="checkbox"/> Taft Division </p>	<p align="center">FOR COURT USE ONLY</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <p align="center">FILED</p> <p align="center">SUPERIOR COURT OF CA, COUNTY OF KERN</p> <p align="center">BY _____ DEPUTY</p> </div> <p>CASE NUMBER: _____</p>
<p>THE PEOPLE OF THE STATE OF CALIFORNIA</p> <p align="center">VS.</p> <p>DEFENDANT:</p>	
<p align="center">DOMESTIC VIOLENCE DIVERSION PROGRAM INSTRUCTIONS</p>	

You are ordered to return to court on Monday _____ at 1:30 PM in Department **DV**, for your initial DVDP hearing. If you fail to appear for Court, a bench warrant will be issued for your arrest.

You are ordered not to commit any acts of violence or aggression, use no force or violence upon, and to stay away from, not initiate contact, call, or otherwise communicate with: _____

I have read and understand the terms of my release as set forth above and understand the consequences of failing to appear for court. I hereby acknowledge receipt of a copy thereof this _____ day of _____ 20____.

Defendant Signature _____

Address _____ Telephone Number _____ DOB _____

DVDP Fact Sheet

Prior to your arrival at your first DVDP hearing, ordered above, you must pay a Family Justice Center fee of \$85.00 for each Domestic Violence Diversion Program (DVDP) case. Once this fee is paid you will be allowed entry into the DVDP and receive a referral to a counseling program. All fees will be payable through Misdemeanor Financial Services at 1415 Truxtun Avenue, 661-610-6101 or MisdemeanorFinancialServices@kern.courts.ca.gov.

Please visit Financial Services before your hearing date (or no later than 1:30 p.m. on your hearing date), above, to make payment arrangements. Upon your request, the Court may review your financial circumstances to determine eligibility for a waiver of fees, or any portion thereof. If you believe you are eligible for the waiver, please file your request when you visit Financial Services. You will be required to bring proof of payment, payment arrangement, or the waiver form recommendation, from Financial Services, to your first DVDP hearing.

A program enrollment fee and a fee for each class will be imposed by the program provider. After the fee is paid, you will begin attending class once a week. Each class lasts 1 - 1 1/2 hours.

You will be required to complete the following requirements (check mark all that apply):

- 12 WEEKS OF DOMESTIC VIOLENCE EDUCATION WITH: _____
- ABIDE BY THE TERMS OF THE PROTECTIVE ORDER
- ATTEND _____ AA OR NA MEETINGS YES NO WITH: _____
- REMAIN CRIME FREE
- PAY FOR ANY ORDERED COUNSELING, RESTITUTION AND FEES
- OTHER _____

Failure to comply with the program satisfactorily, engaging in criminal conduct rendering one unsuitable, or any new conviction, misdemeanor or felony, within one year of your initial DVDP hearing may be grounds for exclusion from the DVDP. If you successfully complete the program your RAP sheet will indicate the charges were dismissed.