

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS): _____	TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (NAME):		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA</b>		
STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PLAINTIFF:	People of the State of California	
DEFENDANT:	_____	
PRINT OR TYPE NAME		
<b>MEMORANDUM OF UNDERSTANDING OF PRE-TRIAL DISPOSITION (§13202.5 CVC)</b>		CASE NUMBER:

1. I understand that I am charged with a violation of \_\_\_\_\_ and that if convicted, I will lose my privilege to drive for one year.
2. I understand that if I plead "Guilty" or "No Contest" to the above charge and to an added charge of §\_\_\_\_\_, agree to pay a fine totaling \$\_\_\_\_\_ and successfully complete the "Youth Offender Program" sponsored by Zona Seca, the original charge(s) specified in paragraph one above will be dismissed at my sentencing hearing.
3. I understand that I have a right to be sentenced within five (5) days from the day I enter my plea. I waive this right and ask that my sentencing hearing be continued for twelve (12) weeks so that I may attend and complete the "Youth Offender Program".
4. I have read the attached "Youth Offender Program" information sheet. I agree that 12 weeks is more than sufficient time within which to complete the program and that my sentencing hearing will **NOT** be continued beyond the 12 weeks. If I do not present a Certificate of Completion at my sentencing hearing, I understand that the judicial officer will impose an appropriate sentence and suspend my privilege to drive as required by law.
5. I understand that it is my responsibility to contact Zona Seca within seven days of the referral date.
6. I fully understand and accept the terms of this pre-trial disposition and hereby request that I be referred to the Zona Seca Youth Offender Program. I agree to abide by all of the rules and requirements of this program.

Date: \_\_\_\_\_

\_\_\_\_\_ Defendant