				CR-70
SU	PERIOR COURT OF CALIFORNIA, COUNTY OF NAPA		FOR COL	JRT USE ONLY
PEOPLE OF THE STATE OF CALIFORNIA				
	V.			
DE	FENDANT:			
CA	SE NUMBER: PID & EVI	ENT NUMBER:		
0,1	SE NOMBER.	ENT NOMBER.		
	PRE-PLEA MENTAL HEALTH DIV		CHARGE(S):	
	(Penal Code § 1001	.36)		
PRI	E-PLEA MENTAL HEALTH DIVERSION IS GF	RANTED UNDER THE	OLLOWING CONDITION	NS:
1.	Obey all laws.	William Charles and Charles	OLLOWING CONDITION	
2.	Immediately report to Post Court Services. Immediately notify the Court, in writing, of any change of address or telephone number.			
3.	Maintain contact with a Mental Health Agency and obey all reasonable directives of the Mental Health Agency. Sign medical release forms as requested by the Mental Health Agency and/or the Probation Department. Comply with your Mental Health Service Plan.			
4.	Appear for Mental Health Diversion Review:			
	at 11:00am in Department 1 (Felony)			
	at	11:00am in Department 3	(Misdemeanor)	
5.	Pay restitution to the victim(s) and/or the Californiterest at 10% per year from this date, in a macCounty Probation Department at 1125 Third S	anner to be determined by treet to complete the State	the Court and GC Services ment of Assets form CR-115	Go to the Napa 5.
	Victim:Sum:		Sum:	
	<ul> <li>Pay restitution to the victim(s) and/or the Caliform by Probation and the Court, plus interest at 10 GC Services. Go to the Napa County Probation form CR-115.</li> </ul>	0% per year from this date	in a manner to be determine	ed by the Court and
	Victim:	Victim:		
I ha	e read this diversion order and I understand everyth	hing on it. I agree to accep		
	DATE		DEFENDANT'S SIGNATUR	₹E
	INTE	ERPRETER'S STATEMENT		
	ving been duly sworn or having a written oath on file, certify ther (specify)	y that I truly translated this for	n to the defendant in the followi	ng language:   Spanish
	DATE INTERPRETER'S	S NAME	INTERPRETER'S	SIGNATURE
	DATE		JUDGE	