

Mission Council on Alcohol Abuse for the Spanish Speaking
820 Valencia Street San Francisco Ca. 94110
Tel: (415) 826-6767 Fax (415) 826-6774

FILED

DRY ZONE

2007 OCT 26 AM 8:56

(Wet-Reckless, 6-month First Offender, and Multiple Offender)

RICHARD W. WIERING
CLERK
U.S. DISTRICT COURT
NO. DIST. OF CA.

Personal/ Referring/ Title

MAGISTRATE JUDGE
MR. JOSEPH C. SPERO

Date: 10-22-07

US. DISTRICT COURT

Re: WILLIAM H. SPIKER

450 GOLDEN GATE AVE

D.O.B:

SAN FRANCISCO, CA 94102

Docket # CR 07-0462 MAG

THIS IS TO NOTIFY YOU THAT THE FOLLOWING ACTION HAS OCCURRED:

- Contacted us on: 10-22-07
- Please provide us with a written referral.
- Client was admitted into our program.
- Client was Re-Admitted into our program.
- Client was not admitted into our program.(see comments/recommendations)
- Client has completed all program requirements.
- We are requesting any records: (Medical, Psychiatric, Legal, etc.)
- Comments/ Recommendation: _____

THANK YOU FOR YOUR REFERRAL.

Counselor Signature.


VLADIMIR SALGADO