

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF PEOPLE OF THE STATE OF CALIFORNIA vs. DEFENDANT: Date of birth: California Dept. of Corrections No. (if applicable):	CASE NUMBER:
NOTIFICATION OF DECISION WHETHER TO CHALLENGE RECOMMENDATION (Pen. Code, § 2972.1)	

1. Defendant (name):
 has met and conferred with counsel regarding the Penal Code section 1606 report recommending confinement or continued outpatient treatment.

Check **a.** or **b.**:

- a. I do not believe that I need further treatment, and I demand a jury trial to decide this question.
- b. I accept the recommendation that I continue treatment.

Date:

_____ ▶ _____
 (TYPE OR PRINT NAME) (SIGNATURE OF DEFENDANT)

2. I am counsel for the above-named defendant. I certify that I have explained the report and recommendation to the defendant.
 Defendant:

- a. signed this form as indicated above.
- b. refused or is unable to sign this form.

Date:

_____ ▶ _____
 (TYPE OR PRINT NAME) (SIGNATURE OF ATTORNEY)

INTERPRETER'S STATEMENT

I, having been duly sworn or having a written oath on file, certify that I truly translated this form to the defendant in the language noted below.

Language: Spanish Other (specify):

_____ _____
 INTERPRETER'S SIGNATURE) DATE

_____ _____
 (TYPE OR PRINT INTERPRETER'S NAME) (CERTIFICATION NUMBER)