

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

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)

