

ATTORNEY OR PARTY WITHOUT ATTORNEY:	STATE BAR NO.:	FOR COURT USE ONLY
NAME:		
FIRM NAME :		
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
TELEPHONE NO.:		FAX NO.:
EMAIL ADDRESS:		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
PEOPLE OF THE STATE OF CALIFORNIA		
vs.		
DEFENDANT:		
Date of birth:		
California Dept. of Corrections No. (<i>if applicable</i>):		
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)

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