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| ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, state bar number, and address):</i> TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR <i>(Name):</i> _____ | 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. <i>(if applicable):</i> _____ | 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)