

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, state bar number, and address):</i>  <hr/>  TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR <i>(Name):</i> _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>	
<b>PEOPLE OF THE STATE OF CALIFORNIA</b> VS. DEFENDANT:	
Date of birth: _____ California Dept. of Corrections No. <i>(if applicable):</i> _____	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)

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\_\_\_\_\_

(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)

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(SIGNATURE OF ATTORNEY)