ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
NAME:	
ADDRESS:	
CITY, STATE, ZIP:	
TELEPHONE NO:	
FAX NO. (Optional):	
EMAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ	1
701 Ocean Street, Room 120	
Santa Cruz, CA 95060	
THE PEOPLE OF THE STATE OF CALIFORNIA	
vs.	
DEFENDANT:	
	CASE NUMBER:
WAIVER OF OFFICIAL REPORTER IN FELONY PROCEEDINGS	
(Code of Civil Procedure § 269(a))	

1. For use in Criminal Court:

I, ______, the defendant ______, the defendant in the above-entitled case, do hereby understand and waive my right under Code of Civil Procedure § 269(a)(2) to have an official court reporter take down and report all proceedings in open court on this date in the above-entitled case.

2. For use in Behavioral Health Court:

I, ______, the defendant ______, the defendant in the above-entitled case, do hereby understand and waive my right under Code of Civil Procedure § 269(a)(2) to have an official court reporter take down and report all proceedings in open court in the above-entitled case while it is heard in Behavioral Health Court as a continuing waiver until otherwise requested. A court clerk will be present and will continue to document the proceedings on the written minute orders.

3. I consent to the waiver of an official court reporter.

Defendant

4. I consent to the waiver of an official court reporter.

Attorney for Defendant

5. The People of the State of California, plaintiff in the above-entitled case, consent to the waiver of an official court reporter.

Assistant District Attorney, Santa Cruz County

Dated: _____