

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

1. For use in Criminal Court:  
I, \_\_\_\_\_, 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, Veteran's Court and Intensive Support Court:  
I, \_\_\_\_\_, the defendant in the above-entitled case, do hereby understand and waive my right under Code of Civil Procedure § 269(a)(2) and 269(a)(3) 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, Veteran's Court and Intensive Support 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: