

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO: _____ FAX NO. (Optional) _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
THE PEOPLE OF THE STATE OF CALIFORNIA, Plaintiff VS. _____, Defendant.	
WAIVER OF OFFICIAL REPORTER IN FELONY PROCEEDINGS (Code of Civil Procedure section 269(a))	CASE NUMBER: _____

1. I, _____, the defendant in the above-entitled case, do hereby waive my right under Code of Civil Procedure section 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. I consent to the waiver of an official court reporter.

_____ Attorney for the Defendant

3. 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: _____