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| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____ | <i>FOR COURT USE ONLY</i> |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910 | |
| PLAINTIFF(S) PEOPLE OF THE STATE OF CALIFORNIA | |
| DEFENDANT(S) | |
| ACKNOWLEDGMENT/WAIVER OF THE RIGHT TO A HEARING "FLASH INCARCERATION" | |
| CASE NUMBER | |

Acknowledgment

I, _____ (defendant's full name), hereby acknowledge (initial and sign below as appropriate):

_____ 1. If the court grants probation or imposes a sentence that includes a period of mandatory supervision in my case, I understand I have the right to a hearing before a judge on whether I have violated one or more conditions of my probation or mandatory supervision.

_____ 2. I understand I may freely and voluntarily waive and give up my right to a hearing before a judge on whether I violated one or more conditions of my probation or mandatory supervision.

_____ 3. I understand that if I give up my right to hearing before a judge on whether I violated one or more conditions of my probation or mandatory supervision, the county probation department is authorized to use "flash incarceration," a detention period between one and 10 consecutive days, for any violation of the conditions of probation or mandatory supervision.

_____ 4. I understand that if I do not agree to accept a recommended period of flash incarceration, upon a determination by the probation department that there has been a violation, the probation department is authorized to address the alleged violation by filing a declaration or revocation request with the court.

_____ 5. I understand that the court cannot deny probation simply because I exercise my right to not sign this waiver.

_____ 6. (If represented by counsel) I have reviewed this form with my attorney before initialing and signing, and I fully understand the contents thereof.

Waiver

_____ I hereby waive and give up my right to a hearing before a judge on an alleged violation of one or more conditions of my probation or mandatory supervision, and agree that the probation department may impose a period of flash incarceration for a period of one to 10 consecutive days.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

Defendant

Date: _____

Attorney for Defendant