

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
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	
IN RE PETITION FOR REVOCATION OF PAROLE	
PAROLEE	SUPERIOR COURT CASE NUMBER PL _____
PAROLE REVOCATION – OFFER AND WAIVER FORM	CDCR NUMBER _____

Offered disposition from prosecuting agency: _____ days in custody and/or modification/addition of conditions _____ Actual Custody _____
 _____ 4019 Credits _____
 _____ Reentry court Total Credits _____

Parolee, by initialing and signing below, certifies (initial all that apply):

- _____ 1. I request a continuance of the pre-hearing conference with counsel and agree to waive the time requirements for holding revocation hearings.
- _____ 2. My attorney has reviewed the Petition for Revocation of Parole with me, including the alleged parole violations, the prosecuting agency's offered disposition above, and my rights regarding hearings on and disposition of the revocation issues. I understand the petition, the allegations, the disposition offer, and my rights as explained to me.
- _____ 3. I accept the court's preliminary finding of probable cause for a parole violation and waive my right to a probable cause hearing.
- _____ 4. I admit that I violated the terms of my parole and accept and agree to the prosecuting agency's offered disposition above, and I waive my right to a parole revocation evidentiary hearing to contest the alleged violations.
- _____ 5. I understand and agree that by waiving my right to a probable cause hearing or parole revocation evidentiary hearing, I am also waiving the following rights:
 - _____ a. Right to have a hearing in front of a judge or hearing officer.
 - _____ b. Right to be heard in person and to present witnesses and documentary evidence.
 - _____ c. Right to confront and cross-examine adverse witnesses (unless the judge/hearing officer specifically finds good cause for not allowing confrontation).
- _____ 6. I admit I violated the terms of my parole, but have been informed and understand that this admission will not be used against me in any prosecution related to the violation.
- _____ 7. I have been informed and understand that any time in custody for this revocation will be served concurrently to any sentence imposed on currently pending local charges related to the parole violation.
- _____ 8. **Rejection of offered disposition and request for hearing:** I reject the offered disposition and request a probable cause hearing parole revocation evidentiary hearing.
- _____ 9. Other: _____

Date: _____

Type or print name

Signature of Parolee

Date: _____

Type or print name

Signature of Attorney