

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number and address)</i>  TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR <i>(NAME)</i> : _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE</b> JUSTICE CENTER: <input type="checkbox"/> Central - 700 Civic Center Dr. West, Santa Ana, CA 92701 <input type="checkbox"/> Harbor - 4601 Jamboree Rd., Newport Beach, CA 92660 <input type="checkbox"/> North - 1275 N. Berkeley Ave., P. O. Box 5000, Fullerton, CA 92838-0500 <input type="checkbox"/> West - 8141 13 <sup>th</sup> Street, Westminster, CA 92683-4593	
PEOPLE OF THE STATE OF CALIFORNIA vs. DEFENDANT: _____	
<input type="checkbox"/> <b>FOR RESENTENCING</b> (PENAL CODE §1170.18(a))	<div style="text-align: center;"><b>PETITION</b></div> <input type="checkbox"/> <b>FOR REDUCTION TO MISDEMEANOR</b> (PENAL CODE §1170.18(f))
	CASE NUMBER: _____

**1. CONVICTION INFORMATION**

On *(date)* \_\_\_\_\_, Petitioner, the defendant in the above-entitled criminal action, was convicted of the following felony offenses that have now been reclassified as misdemeanors *(specify code(s) and section(s))*: \_\_\_\_\_ and was sentenced to *(specify sentence imposed)*: \_\_\_\_\_

Petitioner has no prior convictions for offenses under Penal Code § 667(e)(2)(C)(iv) or for an offense requiring registration pursuant to Penal Code § 290(c).

**A.  RESENTENCING**

Petitioner is currently serving the above sentence. Petitioner requests that the felony sentence be recalled and that Petitioner be resentenced to a misdemeanor under Penal Code § 1170.18(b), (d).

**B.  REDUCTION TO MISDEMEANOR**

Petitioner has completed the above sentence. Petitioner requests that the eligible felony convictions listed above be reduced to misdemeanors under Penal Code § 1170.18(f), (g).

Although a hearing is not necessary, I request a hearing for this determination *(check only if you want a hearing for this determination)*.

2. I have served a copy of this petition on the Orange County Office of the District Attorney.

Date:

\_\_\_\_\_  
*(TYPE OR PRINT NAME)*

\_\_\_\_\_  
*(SIGNATURE OF PETITIONER OR ATTORNEY)*

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

PROOF OF SERVICE

Personal Service       Service by Mail

1. Person serving: I am over the age of 18 and not a party to this action.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

2. I served the a copy of the Petition as follows (*check one*):

a. Personal Service: I personally delivered the Petition to the person at the address listed below:

(1) Name of person served: \_\_\_\_\_

(2) Address where served: \_\_\_\_\_

(3) Date served: \_\_\_\_\_

(4) Time served: \_\_\_\_\_  AM  PM

b. Service by Mail: I deposited the Petition in the United States mail, in a sealed envelope with first class postage fully prepaid. The envelope was addressed as follows:

(1) Name of person served: \_\_\_\_\_

(2) Address: \_\_\_\_\_

(3) Date of Mailing: \_\_\_\_\_

(4) Place of Mailing (city and state): \_\_\_\_\_

I declare to the best of my information and belief that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Declarant)

\_\_\_\_\_  
(Printed Name of Declarant)