

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> : _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE JUSTICE CENTER: ☐ Central - 700 Civic Center Dr. West, Santa Ana, CA 92701 ☐ Harbor - 4601 Jamboree Rd., Newport Beach, CA 92660 ☐ North - 1275 N. Berkeley Ave., P. O. Box 5000, Fullerton, CA 92838-0500 ☐ West - 8141 13 th Street, Westminster, CA 92683-4593	
PEOPLE OF THE STATE OF CALIFORNIA vs. DEFENDANT: _____	
PETITION/APPLICATION ☐ FOR RESENTENCING or DISMISSAL (HEALTH & SAFETY CODE §11361.8(a), (b)) ☐ FOR REDUCTION or DISMISSAL/SEALING (HEALTH & SAFETY CODE §11361.8(e), (f))	CASE NUMBER: _____

1. CONVICTION INFORMATION

On *(date)* _____, Petitioner/Applicant, the defendant in the above-entitled criminal action whose date of birth is _____, was convicted of the following ☐ felony or ☐ misdemeanor offense(s) that has/have now been reclassified as ☐ legally invalid, ☐ a misdemeanor, or ☐ an infraction offense(s) *(specify code(s) and section(s))*: _____ and was sentenced to *(specify sentence imposed)*: _____.

A. ☐ RESENTENCING or DISMISSAL

Petitioner is currently serving the above sentence and requests under Health & Safety Code §11361.8(a), (b) that the:

- ☐ Felony sentence(s) be recalled and that Petitioner be resentenced to misdemeanor(s).
- ☐ Felony sentence(s) be recalled and that Petitioner be resentenced to infraction(s).
- ☐ Misdemeanor sentence(s) be recalled and that Petitioner be resentenced to infraction(s).
- ☐ Felony/misdemeanor/infraction sentence(s) listed above be dismissed because the sentence(s) is/are now legally invalid.

Custody status:

- ☐ Petitioner is currently in custody at *(location)* _____, inmate number _____; and ☐ is ☐ is not requesting to be transported for the hearing.

(Continued on next page)

Defendant Name:

Case Number:

B. ☐ **REDUCTION or DISMISSAL/SEALING**

Applicant has completed the above sentence and requests under Health & Safety Code §11361.8(e), (f) that the:

- ☐ Felony conviction(s) listed above be reduced to misdemeanor(s).
- ☐ Felony conviction(s) listed above be reduced to infraction(s).
- ☐ Misdemeanor conviction(s) listed above be reduced to infraction(s).
- ☐ Felony/misdemeanor/infraction conviction(s) listed above be dismissed and sealed because the prior conviction(s) is/are now legally invalid.

Court Hearing:

- ☐ As the applicant, I request a hearing. I understand that by checking this box, the Court will set a hearing whether to grant or deny the application, even if it is unopposed by the Prosecution/Prosecution Agency.
- ☐ As the applicant, I request a hearing only in the event that an opposition is filed by the Prosecution/Prosecution Agency.
- ☐ As the applicant, I am not at this time requesting a hearing. I understand that the Prosecution/Prosecution Agency may request a hearing or that the Court on its own may decide to set the matter for hearing.

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

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF PETITIONER/APPLICANT OR ATTORNEY)

Defendant 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 a copy of the Petition/Application for Resentencing or Dismissal, for Reduction or Dismissal/Sealing as follows (*check one*):

- ☐ a. Personal Service: I personally delivered the Petition/Application for Resentencing or Dismissal, for Reduction or Dismissal/Sealing 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/Application for Resentencing or Dismissal, for Reduction or Dismissal/Sealing 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)