ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number and address)*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR *(NAME)* :	
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 13th Street, Westminster, CA 92683-4593	
PEOPLE OF THE STATE OF CALIFORNIA vs. DEFENDANT:	
PETITION ☐ **FOR RESENTENCING** (PENAL CODE §1170.18(a)) ☐ **FOR REDUCTION TO MISDEMEANOR** (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)

Clear Form