

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number and address)</i>  TELEPHONE 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:	
<p style="text-align: center;"><b>PETITION/APPLICATION</b></p> <input type="checkbox"/> <b>FOR RESENTENCING or DISMISSAL</b> (HEALTH & SAFETY CODE §11361.8(a), (b)) <input type="checkbox"/> <b>FOR REDUCTION or DISMISSAL/SEALING</b> (HEALTH & SAFETY CODE §11361.8(e), (f))	CASE NUMBER:

**Note to Petitioner/Applicant:** Your conviction may have already been automatically dismissed or re-designated under Health and Safety Code section 11361.9. To find out if automatic relief was granted, request your Record of Arrest and Prosecution (RAP) sheet from the California Department of Justice. Failing to check, however, does not prevent you from filing this petition/application.

**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 Section 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 Section 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)

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)