

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE: FAX NO. (<i>Optional</i>): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE <input type="checkbox"/> Butte County Courthouse One Court Street, Oroville, CA 95965 (530) 532-7002 <input type="checkbox"/> North Butte County Courthouse 1775 Concord Avenue, Chico, CA 95928 (530) 532-7002	
PEOPLE OF THE STATE OF CALIFORNIA VS.	
<p style="text-align: center;">PETITION/APPLICATION</p> <input type="checkbox"/> FOR RESENTENCING or DISMISSAL (HEALTH & SAFETY CODE §11361.8(b)) <input type="checkbox"/> FOR REDUCTION or DISMISSAL/SEALING (HEALTH & SAFETY CODE §11361.8(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 have now been reclassified as legally invalid, misdemeanor, or 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.

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.

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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 BUTTE COUNTY DISTRICT ATTORNEY'S OFFICE.

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF PETITIONER/APPLICANT OR ATTORNEY)

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 under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

(Signature of Declarant)

(Printed Name of Declarant)