

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	<i>FOR COURT USE ONLY</i>
PLAINTIFF PEOPLE OF THE STATE OF CALIFORNIA	
DEFENDANT	
PETITION FOR DISMISSAL COURT REQUEST FOR/AND AGENCY CERTIFICATION (PEN. CODE, § 1203.4b)	SUPERIOR COURT CASE NUMBER

TO:

A hearing on the petition is scheduled for _____ (date) at _____ (time) a.m. p.m. in Dept. _____.

Attached is a copy of a petition for relief under Penal Code section 1203.4b filed by:

Name: _____ Date of birth: _____

Booking No. (if known): _____

CDCR No. (while in fire camp or institutional firehouse, if known): _____

Name of fire camp or institutional firehouse (if known): _____

Approximate dates in fire camp or institutional firehouse (if known): _____ (month/year) to _____ (month/year).

Complete the Agency Certification section on page two of this form indicating whether the petitioner (the defendant in the above-entitled case) successfully participated as a hand crew member in the CDCR incarcerated individual Conservation Camp Program, in an institutional firehouse, or as a member of a county incarcerated individual hand crew, and has been released from custody.

Return the completed two-page form to the court location checked in the header above, no later than: _____.

CERTIFICATE OF SERVICE

I certify that I am not a party to the above-entitled cause, that I placed a copy of this form in a sealed envelope addressed to the parties shown with postage prepaid, and deposited it in the United States mail at Chula Vista El Cajon San Diego, Vista, California.

Clerk of the Superior Court

Date: _____

by _____, Deputy

DEFENDANT	CASE NUMBER
-----------	-------------

AGENCY CERTIFICATION

The Secretary of the CDCR or the appropriate county authority certifies that, on case number: _____, the petitioner: (check one)

- Successfully participated:
 - In the CDCR incarcerated individual Conservation Camp Program as an individual hand crew member, or at an institutional firehouse, and has been released from custody.
 - As a member of a county incarcerated individual hand crew and has been released from custody.
 Dates of participation: _____ (month/year) to _____ (month/year).

- Participated but was not successful as:
 - A hand crew member in the CDCR incarcerated individual Conservation Camp Program or at an institutional firehouse.
 - A member of a county incarcerated individual hand crew.

- Did not participate:
 - In the CDCR incarcerated individual Conservation Camp Program as an individual hand crew member, or at an institutional firehouse.
 - As a member of a county incarcerated individual hand crew.

Date: _____

Agency: _____

Type or print name

Signature of Agency Representative