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ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. (Optional): EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO ☐ CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 ☐ CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 ☐ EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 ☐ NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 ☐ SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PEOPLE OF THE STATE OF CALIFORNIA	
DEFENDANT	SUPERIOR COURT CASE NUMBER
PETITION FOR RESENTENCING / REDUCTION TO MISDEMEANOR	PROSECUTOR CASE NUMBER

PETITIONER INFORMATION

Full name: _____

Date of Birth: _____

Address: _____
(Street) (City) (State) (Zip Code)

CONVICTION INFORMATION

Petitioner, the defendant in the above-entitled criminal action, was convicted of the following felony offenses that have now been reclassified as misdemeanors *[specify count(s), code(s) and section(s)]*: _____

_____

Petitioner has no prior convictions for offenses under Pen. Code § 667(e)(2)(C)(iv) or for an offense requiring registration pursuant to Pen. Code § 290(c). Petitioner does not pose an unreasonable risk of danger to public safety as defined in Pen. Code § 1170.18(c).

(Choose one)

☐ Petitioner is currently serving the sentence imposed (in custody or on parole, probation, mandatory supervision or post-release community supervision) for the count(s) listed above. (*If in state prison custody, provide CDCR#_____.*) (*If in the custody of the local Sheriff, provide booking#_____.*)

☐ Petitioner has completed the sentence imposed for the count(s) listed above.

Petitioner requests that the felony count(s) listed above be reduced to a misdemeanor(s) and, if appropriate, Petitioner be resentenced accordingly. [Pen. Code § 1170.18(a),(f)]

I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct.

Date: _____

_____ _____
Type or print name Signature of Petitioner or Attorney

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