

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA
IN AND FOR THE COUNTY OF _____

[Petitioner's County of Residence]

In the Matter of the Petition of:

Date of Birth: _____/_____/_____

CII Number: _____

Case Number: _____

[Assigned by the Court]

Court use only

PETITION FOR CERTIFICATE OF REHABILITATION AND PARDON

[Pursuant to Penal Code §§ 4852.01 and 4852.06]

The Petitioner hereby respectfully represents and shows that:

FELONY AND MISDEMEANOR SEX OFFENSE HISTORY

[All felony, and misdemeanor sex offense convictions must be listed. If you have suffered more than three felony, or misdemeanor sex offense convictions, attach additional sheets following the same format.]

Most Recent Felony, or Misdemeanor Sex Offense Conviction

On or about _____/_____/_____, I was convicted of a violation of _____
[list violation section]

of the California _____, in the County of _____,
[list code, e.g. Penal or Health & Safety, etc.] [list county of conviction]

California, in docket number _____. My sentence for this offense was:

[Check appropriate box]

- Commitment to state prison or other state institution;
- Probation with a State prison sentence imposed, but its execution suspended;
- Probation with the imposition of judgment suspended;
- Imposed without probation.

Thereafter, on or about _____/_____/_____, I was:

[Check appropriate box]

- Discharged from state prison or other state institution after completing my sentence.
- Released on parole; parole was formerly discharged on _____/_____/_____.
- Released on probation after serving a jail sentence.
- Released on probation; successfully completed probation on _____/_____/_____;
- relief granted pursuant to Penal Code §1203.4 on _____/_____/_____.
- Sentenced without probation; relief granted pursuant to Penal Code §1203.4a on _____/_____/_____.

Second Most Recent Felony, or Misdemeanor Sex Offense Conviction

On or about ____/____/____, I was convicted of a violation of _____
[list violation section]

of the California _____, in the County of _____,
[list code, e.g. Penal or Health & Safety, etc.] [list county of conviction]

California, in docket number _____. My sentence for this offense was:

[Check appropriate box]

- Commitment to state prison or other state institution;
- Probation with a State prison sentence imposed, but its execution suspended;
- Probation with the imposition of judgment suspended;
- Imposed without probation.

Thereafter, on or about ____/____/____, I was:

[Check appropriate box]

- Discharged from state prison or other state institution after completing my sentence.
- Released on parole; parole was formerly discharged on ____/____/_____.
- Released on probation after serving a jail sentence.
- Released on probation; successfully completed probation on ____/____/_____;
- relief granted pursuant to Penal Code §1203.4 on ____/____/_____.
- Sentenced without probation; relief granted pursuant to Penal Code §1203.4a on
____/____/_____.

Third Most Recent Felony, or Misdemeanor Sex Offense Conviction

On or about ____/____/____, I was convicted of a violation of _____
[list violation section]

of the California _____, in the County of _____,
[list code, e.g. Penal or Health & Safety, etc.] [list county of conviction]

California, in docket number _____. My sentence for this offense was:

[Check appropriate box]

- Commitment to state prison or other state institution;
- Probation with a State prison sentence imposed, but its execution suspended;
- Probation with the imposition of judgment suspended;
- Imposed without probation.

Thereafter, on or about ____/____/____, I was:

[Check appropriate box]

- Discharged from state prison or other state institution after completing my sentence.
- Released on parole; parole was formerly discharged on ____/____/_____.
- Released on probation after serving a jail sentence.
- Released on probation; successfully completed probation on ____/____/_____;
- relief granted pursuant to Penal Code §1203.4 on ____/____/_____.
- Sentenced without probation; relief granted pursuant to Penal Code §1203.4a on
____/____/_____.

RESIDENCY HISTORY

I am now a resident of the State of California, and I have continuously resided in the State of California from ____/____/____ to the present date.

REQUEST FOR AN ATTORNEY

[Check the box below if you are requesting appointment of legal counsel]

I cannot presently afford to hire legal counsel to proceed on my petition. I respectfully request the court to appoint legal counsel to represent my interests pursuant to Penal Code §4852.08. I understand that at the end of the proceedings on my petition, the court will evaluate my finances, and if the court finds that I can repay any portion of the legal services that were provided to me, I will be ordered to reimburse the County for the amount the Court determines I can afford. I also understand that if the Court orders me to reimburse the County for legal services rendered, I have the right to a hearing on the Court's determination of my present ability to pay.

PETITIONER'S DECLARATION

I affirmatively state to the Court that during the period of my rehabilitation, I have lived an honest and upright life, conducted myself with sobriety and industry, and exhibited good moral character. I have conformed to and obeyed all the laws of the land.

WHEREFORE, I pray that this Court make an order and decree determining that I have been rehabilitated, and that the Court issue a Certificate of Rehabilitation, and transmit a certified copy thereof to each of those entities set forth in Penal Code §4852.14, said Certificate being a recommendation that the Governor of the State of California grant me a full pardon, and that for such purposes, a date and time be appointed for a hearing of my petition before this Court.

Executed this ____ day of _____, 20____.
Month

Petitioner's Signature

Petitioner's Address and Contact Phone Number:

Street Address (include any apartment number, if applicable)

City

Zip Code

(____) _____ - _____
Area Code Contact Phone Number

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA
IN AND FOR THE COUNTY OF _____

[Petitioner's County of Residence]

In the Matter of the Petition of:

Date of Birth: _____/_____/_____

CII Number: _____

Case Number: _____

[Assigned by the Court]

Court use only

NOTICE OF FILING PETITION FOR CERTIFICATE OF REHABILITATION AND PARDON

[Pursuant to Penal Code § 4852.07]

To the Governor of the State of California, and the

District Attorney, County of _____;
County of Petitioner's Residence

District Attorney, County of _____;
Most recent felony or misdemeanor sex offense conviction, if different from County of Residence

District Attorney, County of _____;
2nd Most recent felony or misdemeanor sex offense conviction, if different from County of Residence

District Attorney, County of _____;
3rd Most recent felony or misdemeanor sex offense conviction, if different from County of Residence

PLEASE TAKE NOTICE that on _____/_____/_____, the undersigned has filed a
Date you filed your petition in the court

petition in the above-entitled court for a Certificate of Rehabilitation and Pardon pursuant to Chapter 3.5 (commencing with Section 4852.01), of Title 6, of Part 3, of the Penal Code, and that consideration of the petition has been set by the court for a hearing on _____/_____/_____ at _____ a.m./p.m., or as soon thereafter as the matter can be heard, in Department _____,

located at _____, _____, _____.
Address of court City Zip Code

Dated: _____/_____/_____ _____
Signature of Petitioner

Petitioner's Address and Contact Phone Number:

Street Address (include any apartment number, if applicable) (_____) _____ - _____
Area Code Contact Phone Number

City Zip Code

DECLARATION OF SERVICE BY MAIL

[Pursuant to Penal Code § 4852.07]

In the Matter of the Petition of: _____

Case Number: _____

* * *

I, _____, am a citizen of the United States, 18 years of age or older, and not a party to the proceeding. I am a resident of the County of _____, State of California.

My residence business address is _____,
Street address

City *Zip Code*

On ____/____/____, I served the **PETITION AND NOTICE OF FILING FOR A CERTIFICATE OF REHABILITATION AND PARDON** on each entity listed below by placing a true and correct copy of each document in a sealed envelope and mailing it, first-class, postage pre-paid to:

The Office of the Governor
State of California

California State Capitol
Sacramento, California 95814

The Office the District Attorney
County of _____

Street Address
_____, California _____
City *Zip Code*

The Office the District Attorney
County of _____

Street Address
_____, California _____
City *Zip Code*

The Office the District Attorney
County of _____

Street Address
_____, California _____
City *Zip Code*

The Office the District Attorney
County of _____

Street Address
_____, California _____
City *Zip Code*

I declare that the foregoing facts are true and correct under penalty of perjury under the laws of the State of California. Executed on ____/____/____, in _____, California.
Name of City or Town

DECLARATION OF SERVICE BY PERSONAL DELIVERY

[Pursuant to Penal Code § 4852.07]

In the Matter of the Petition of:

Case Number: _____

* * *

I, _____, am a citizen of the United States, 18 years of age or older, and not a party to the proceeding. I am a resident of the County of _____, State of California.

My residence business address is _____,
Street address

City

Zip Code

On the date indicated, I served the **PETITION AND NOTICE OF FILING FOR A CERTIFICATE OF REHABILITATION AND PARDON** on each entity listed below by providing a true and correct copy of each document to:

On ____/____/____ to the
The Office of the Governor
State of California

California State Capitol
Sacramento, California 95814

On ____/____/____ to the
The Office the District Attorney

County of _____

Street Address

_____, California _____
City Zip Code

On ____/____/____ to the
The Office the District Attorney

County of _____

Street Address

_____, California _____
City Zip Code

On ____/____/____ to the
The Office the District Attorney

County of _____

Street Address

_____, California _____
City Zip Code

On ____/____/____ to the
The Office the District Attorney

County of _____

Street Address

_____, California _____
City Zip Code

I declare that the foregoing facts are true and correct under penalty of perjury under the laws of the State of California. Executed on ____/____/____, in _____, California.
Name of City or Town