

Name, address and telephone number of attorney or party without attorney:	<b>FOR COURT USE ONLY</b>
Telephone No.: _____ Fax No.: _____	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SUTTER</b> STREET ADDRESS: 1175 Civic Center Boulevard MAILING ADDRESS: 1175 Civic Center Boulevard CITY AND ZIP CODE: Yuba City, CA 95993 BRANCH NAME: _____	
PEOPLE OF THE STATE OF CALIFORNIA vs.	
DEFENDANT: _____	
<b>PETITION</b>	
<input type="checkbox"/> <b>RESENTENCING</b> Currently Serving Sentence / Probation [Penal Code, §1170.18(a)]	<input type="checkbox"/> <b>POST-SENTENCE REDUCTION</b> Completed Sentence [Penal Code, §1170.18(f)]
	CASE NUMBER: _____

**INSTRUCTIONS**

- Petitioner must complete this Petition & indicate whether the request is made for Resentencing **or** Post-Sentence Reduction.
- Upon filing, Petitioner is required to immediately provide notice by providing a copy of this Petition to the District Attorney.
- District Attorney is required to complete the Response, file with the court, & provide notice by providing a copy to the Petitioner.
- If the Petitioner is currently in County Jail or State Prison related to this case, the District Attorney indicates the Petitioner is ineligible, or if either the Petitioner or District Attorney requests a hearing as provided below, the Court will set a hearing & provide notice of the date, time, & location to the Petitioner & District Attorney.

**PETITIONER / CONVICTION INFORMATION:**

On (date): \_\_\_\_\_, Petitioner, defendant in the above-entitled matter, was convicted of the following felony offenses that have now been reclassified as misdemeanor violations (specify codes & sections):

and was sentenced to (specify): \_\_\_\_\_

Additional evidence to establish eligibility for resentencing / reduction (specify): \_\_\_\_\_

Petitioner advises s/he (check all that apply):  has no prior convictions for offenses under Penal Code, §667(e)(2)(C)(iv),  is not required to register pursuant to Penal Code, §290(c), and/or  does not pose an unreasonable risk of danger to public safety as defined in Penal Code, §1170.18(c) and further advises:

- 1170.18(a) – CURRENTLY SERVING SENTENCE:**
  - I am serving a sentence for a qualified offense.
- 1170.18(a) – ON PROBATION:**
  - I am on probation for a qualifying offense.
  - I waive my right to appear in court, if court will grant my request.
- 1170.18(f) – COMPLETED SENTENCE:**
  - I have completed my sentence & I am not on probation for this offense.
  - Although a hearing is not necessary, I request a hearing for this determination *(check only if you want a hearing for this determination, otherwise the court will review and rule on your petition)*.

I am aware that resentencing does not permit me to own, possess, or have in my custody or control any firearms per Penal Code, §1170.18(k).

I declare under penalty of perjury & to the best of my knowledge & belief that the foregoing is true & correct.

Dated: \_\_\_\_\_ (SIGNATURE OF PETITIONER OR ATTORNEY)

\_\_\_\_\_ (DEFENDANT'S ADDRESS) \_\_\_\_\_ (CITY, STATE & ZIP CODE)

## PROOF OF SERVICE

Personal Service     Service by Mail

1. I am at least 18 years old and not a party to this action.
2. I served a copy of the: Petition for  Resentencing  Post-Sentence Reduction
3. By serving copies of the above-referenced documents:  by mail  personally as follows:
  - a. Name: \_\_\_\_\_ b. Date and time: \_\_\_\_\_
  - c. Address: \_\_\_\_\_
4. I am:
  - a.  not a registered California process server.
  - b.  a registered California process server.
  - c.  an employee or independent contractor of a registered California process server.
  - d.  exempt from registration under Business & Professions Code, §22350(b).
  - e.  a California sheriff or marshal
5. My name, address, and telephone number, and, if applicable, county of registration and number are (*specify*):
 

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

County of registration (*if applicable*): \_\_\_\_\_

Registration number (*if applicable*): \_\_\_\_\_

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 OF PERSON WHO SERVED DOCUMENTS)

\_\_\_\_\_  
(SIGNATURE OF PERSON WHO SERVED THE PAPERS)