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ATTORNEY OR PARTY WITHOUT ATTORNEY *(NAME AND ADDRESS)*: TELEPHONE NO.: ATTORNEY FOR *(Name)*:	*FOR COURT USE ONLY*
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA STREET ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF: PEOPLE OF THE STATE OF CALIFORNIA DEFENDANT: DATE OF BIRTH:	
PETITION or APPLICATION ☐ **FOR RESENTENCING** *(PC 1170.18(a))* ☐ **FOR REDUCTION TO MISDEMEANOR** *(PC1170.18(f))*	CASE NUMBER:

INSTRUCTIONS:
Petitioner must complete Petition and indicate whether a request is made for Resentencing or Reduction to Misdemeanor.

PETITIONER/CONVICTION INFORMATION

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

and was sentenced to *(specify sentence imposed)*: _____

_____

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

1. ☐ RESENTENCING

Petitioner is currently serving the above sentence. Petitioner requests that the felony sentence be recalled and that Petitioner be resentenced to a misdemeanor under Penal Code § 1170.18(b), (d).

☐ Petitioner is currently being held in County Jail or State Prison (*court will set a hearing*).

2. ☐ REDUCTION TO MISDEMEANOR

Petitioner has completed the above sentence. Petitioner requests that the eligible felony convictions listed above be reduced to misdemeanors under Penal Code § 1170.18(f), (g).

☐ Although a hearing is not necessary, I request a hearing for this determination. *(check only if you want a hearing for this determination)*

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

Executed on: _____ _____
(DATE) (SIGNATURE OF PETITIONER OR ATTORNEY)

_____ _____ _____ _____
(PETITIONER ADDRESS) (CITY) (STATE) (ZIP CODE)