ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State	e Bar number and address)	FOR COURT USE ONLY
TELEPHONE NO .:	FAX NO.:	
E-MAIL ADDRESS:		
ATTORNEY FOR (NAME):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF 75 @ J9F5G		
PEOPLE OF THE STATE OF CALIFORNIA		
VS.		
DEFENDANT:		
PETITION TO HAVE FELONY VIOLATION(S) DESIGN AND FOR RESENTENCI (PENAL CODE §1170.18)		CASE NUMBER:

- 1. Defendant in the above- entitled case requests that, pursuant to Penal Code section 1170.18, the following felony
- 2. Defendant alleges he/she (*check a or b*):
 - a. has completed his/her sentence and petitions to have the above violation(s) designated as misdemeanor(s).
 - b. is currently serving a sentence on the above felony violation(s). Defendant requests that he/she be resentenced accordingly. The defendant (check all that apply):
 - i. is incarcerated on this case and is currently housed in:

 - iii. 🗌 is currently participating in a collaborative court program on the above-entitled case.
- 3. I have served a copy of this petition on the Ôææç^læ County Office of the District Attorney.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PETITIONER OR ATTORNEY)

Case Na	ame: Case Number:		
	PROOF OF SERVICE		
	Personal Service Service by Mail		
1.	Person serving: I am over the age of 18 and not a party to this action.		
	Name:		
	Address:		
	Telephone:		
2.	I served the a copy of the Petition as follows (check one):		
	a. Personal Service: I personally delivered the Petition to the person at the address listed below:		
	(1) Name of person served:		
	(2) Address where served:		
	(3) Date served:		
	(4) Time served:		
	b. Service by Mail: I deposited the Petition in the United States mail, in a sealed envelope with first class postage fully prepaid. The envelope was addressed as follows:		
	(1) Name of person served:		
	(2) Address:		
	(3) Date of Mailing:		
	(4) Place of Mailing (city and state):		

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

Date:_____

(Signature of Declarant)

(Printed Name of Declarant)