ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address) Telephone No.: _____ Fax No.: _____ E-mail Address: _____ Attorney For (Name):_____	Court Use Only.
Plaintiff: The People of the State of California	
Defendant(s):	
PETITION/APPLICATION (H&S CODE § 11361.8) ADULT CRIME(S) ☐ **RESENTENCING OR DISMISSAL - H&S Code § 11361.8(b)** **OR** ☐**REDESIGNATION OR DISMISSAL/SEALING - H&S Code § 11361.8(f)**	Date of Birth: Case Number:

INSTRUCTIONS

- Before filing this form, petitioner/applicant should consult local court rules and court staff to determine if a formal hearing on the petition/application will be scheduled.
- If petitioner is currently serving a sentence for a qualified crime, please fill out sections 1 and 2.
- If the applicant has completed the sentence for a qualified crime, please fill out sections 1 and 3.
- Complete sections 4 and 5 as necessary.
- Upon the filing of the petition/application, the petitioner/applicant is required to immediately serve the office of the prosecuting agency (the district attorney or city attorney, as appropriate) with a copy of the petition/application. It may be served personally or by mail; the signed Proof of Service, attached to this form, must be filed with the court.

1 CONVICTION INFORMATION

CONVICTION A:

On (date) _____, petitioner/applicant, the defendant in the above-entitled criminal action, was convicted of the following Health and Safety Code section: ☐ 11357 ☐ 11358 ☐ 11359 ☐ 11360, which has been reclassified under Proposition 64.

Petitioner/applicant further states that when committing the conduct resulting in the conviction, he/she was:
☐ 18 to 20 years of age; ☐ 21 years old or older. Date of birth: _____

Petitioner/applicant further states that the nature of the substance which resulted in the conviction was:
☐ marijuana not in the form of concentrated cannabis; ☐ concentrated cannabis; ☐ marijuana plants;
☐ other: _____

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Petitioner/applicant further states that the quantity of the substance which resulted in the conviction was: ☐ not more than 28.5 grams of marijuana not in the form of concentrated cannabis; ☐ not more than 4 grams of marijuana in the form of concentrated cannabis; ☐ not more than 8 grams of marijuana in the form of concentrated cannabis; ☐ not more than 6 marijuana plants.

CONVICTION B:

On (date) _____, petitioner/applicant, the defendant in the above-entitled criminal action, was convicted of the following Health and Safety Code section: ☐ 11357 ☐ 11358 ☐ 11359 ☐ 11360, which has been reclassified under Proposition 64.

Petitioner/applicant further states that when committing the conduct resulting in the conviction, he/she was: ☐ 18 to 20 years of age; ☐ 21 years old or older. Date of birth: _____

Petitioner/applicant further states that the nature of the substance which resulted in the conviction was: ☐ marijuana not in the form of concentrated cannabis; ☐ concentrated cannabis; ☐ marijuana plants; ☐ other: _____

Petitioner/applicant further states that the quantity of the substance which resulted in the conviction was: ☐ not more than 28.5 grams of marijuana not in the form of concentrated cannabis; ☐ not more than 4 grams of marijuana in the form of concentrated cannabis; ☐ not more than 8 grams of marijuana in the form of concentrated cannabis; ☐ not more than 6 marijuana plants.

2. REQUEST FOR RELIEF

a. ☐ **RESENTENCING/DISMISSAL**
Petitioner is currently serving the sentence for the crime noted above, and requests the sentence be recalled and that he/she be resentenced or the charge be dismissed as required by law.
☐ Other: _____

b. ☐ **REDESIGNATION/DISMISSAL/SEALING**
Applicant has completed the sentence for the crime noted above, and requests the sentence to be recalled and the conviction be redesignated or dismissed. If the conviction is dismissed, applicant requests the court's record of conviction be sealed.
☐ Other: _____

3. WAIVER OF HEARING BY ORGINAL SENTENCING JUDGE

☐ Petitioner/applicant waives the right to have this matter heard by the original sentencing judge. The Presiding Judge of the court may designate any judge to rule on this matter.

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4. WAIVER OF APPEARANCE

☐ Petitioner/applicant understands that there is a right to personally attend any hearing held in this matter. The Petitioner/applicant gives up that right; the matter may be heard without his/her appearance.

Date:_____ _____

Signature of Petitioner/Applicant or Attorney for Petitioner/Applicant

PROSECUTING AGENCY RESPONSE

☐ The prosecuting agency has no objection to this petition/application. Petitioner/applicant is entitled to the requested relief without a hearing.

☐ The prosecuting agency requests a hearing and objects to the granting of the petition/application because:

- ☐ Petitioner/applicant was not convicted of an eligible offense.
- ☐ Other: _____
- ☐ Petitioner is eligible for relief, but relief should be denied because petitioner presents an unreasonable risk of danger to public safety if he/she is resentenced.

☐ The prosecuting agency does not object to the petitioner's/applicant's eligibility for relief, but requests a hearing on the issue of resentencing.

Date:_____ _____

Signature of Prosecuting Attorney

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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 a copy, or copies, of this Petition/Application for Resentencing or Reduction to Infraction as follows:

☐ PERSONAL SERVICE: By leaving a true copy with the receptionist at the front desk at the Office of the District Attorney, 423 N. Washington Street, Sonora CA.

☐ MAIL: By placing a true copy in a sealed envelope, with postage fully prepaid, addressed to: Office of the District Attorney, 423 N. Washington Street, Sonora, CA, 95370.

☐ MAIL: By placing a true copy in a sealed envelope, with postage fully prepaid, addressed to: Office of the Public Defender, 99 N. Washington Street, Sonora, CA, 95370.

☐ MAIL: By placing a true copy in a sealed envelope, with postage fully prepaid, addressed to [insert name and address of any other attorney involved in the case]:

_____

_____

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_____

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_____

_____

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

DATED: _____

_____

Signature

_____

Type or Print Name