

SUPERIOR COURT OF CALIFORNIA, COUNTY OF ALAMEDA

<input type="checkbox"/> Hayward Hall of Justice 24405 Amador Street Hayward, CA 94544	<input type="checkbox"/> René C. Davidson Courthouse 1225 Fallon Street Oakland, CA 94612
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CRM-051

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar Number and Address</i>) TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS(<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY CASE NUMBER: _____
PEOPLE OF THE STATE OF CALIFORNIA vs. DEFENDANT	
APPLICATION FOR REDUCTION TO MISDEMEANOR – RESPONSE AND ORDER (Penal Code §1170.18(f))	

To Be Completed by Applicant and, if Represented, Applicant’s Counsel:

Applicant was the defendant in the above-captioned case and is seeking a reduction on certain felony count(s) as permitted under Penal Code §1170.18(f).

Applicant alleges that s/he has completed his/her sentence and is eligible to have the felony count(s) above designated as a misdemeanor(s).

Applicant’s current mailing address is _____.

Applicant (check one) does does not consent to service by email of any Response and the Order in this matter.

If Applicant has consented, Applicant’s current email address is _____.

Applicant (check one) does does not request a hearing on this application pursuant to Penal Code section 1170.18(h).

By signing below, applicant acknowledges that s/he understands that s/he may not use, own or possess firearms, even if this Petition is granted.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that the below is the true and correct signature of the defendant in this matter.

Date: _____
 _____ (TYPE OR PRINT NAME) _____ (SIGNATURE OF APPLICANT)

I verify that the foregoing information is true and correct to the best of my knowledge.

Date: _____
 _____ (TYPE OR PRINT NAME) _____ (SIGNATURE OF COUNSEL)

PEOPLE OF THE STATE OF CALIFORNIA
DEFENDANT:

CASE NUMBER:

To be Completed by the District Attorney's Office:

Applicant is not entitled to the relief requested. Reason(s):

A hearing should be set because:

Applicant has completed his/her sentence and is entitled to have the following felony conviction(s) designated as a misdemeanor(s): _____

Date: _____

Deputy District Attorney

PEOPLE OF THE STATE OF CALIFORNIA DEFENDANT:	CASE NUMBER:
	<i>FOR COURT USE ONLY</i>

Matter is **set for hearing** on _____ at _____ in Department _____

ORDER

The Petition is denied. Reason: _____

Count(s) _____ are ordered designated as a misdemeanor conviction(s).

Date: _____

 Judge of the Superior Court

CLERK'S CERTIFICATE

The foregoing Petition for Resentencing – Response and Order consisting of three (3) pages, is a full, true, and correct copy of the original on file in this office.

Clerk of the Superior Court

Date: _____ by _____, Deputy