SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE BANNING 135 N. Alessandro Rd., Banning, CA 92220 MURRIETA 30755-D Auld Rd., Ste. 1226, Murrieta, CA 92563 BLYTHE 265 N. Broadway, Blythe, CA 92225 RIVERSIDE 4100 Main St., Riverside, CA 92501 INDIO 46-200 Oasis St., Indio, CA 92201 **RI-CR057** ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address) FOR COURT USE ONLY TELEPHONE NO: FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): PEOPLE OF THE STATE OF CALIFORNIA VS. **DEFENDANT**: CASE NUMBER: PETITION/APPLICATION (Health and Safety Code, § 11361.8) FOR REDESIGNATION OR DISMISSAL/SEALING FOR RESENTENCING OR DISMISSAL (HEALTH & SAFETY CODE § 11361.8(b)) (HEALTH & SAFETY CODE § 11361.8(f)) CONVICTION INFORMATION **CONVICTION A:** , Petitioner/Applicant, the defendant in the above-entitled criminal action was On (date) 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 of age 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; ont more than 8 grams of marijuana in the form of concentrated **CONVICTION B:** , Petitioner/Applicant, the defendant in the above-entitled criminal action was On (date) 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 of age or older. Date of birth: Petitioner/Applicant further states that the nature of the substance which resulted in the conviction was:

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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

Petitioner/Applicant further states that the quantity of the substance which resulted in the conviction was:

EFENDANT:	CASE NUMBER:
2. REQUEST FOR RELIEF a. RESENTENCING/DISMISSAL Petitioner is currently serving the sentence for the crime noted that he/she be resentenced or the charge be dismissed as red Other:	quired by law.
 b. REDESIGNATION/DISMISSAL/SEALING Applicant has completed the sentence for the crime noted abore conviction be redesignated or dismissed. If the conviction is conviction be sealed. Other: 	dismissed, applicant requests the court's record of
 WAIVER OF HEARING BY ORIGINAL SENTENCING JUDGE Petitioner/applicant waives the right to have this matter heard by the the court may designate any judge to rule on this matter. 	e original sentencing judge. The Presiding Judge of
 WAIVER OF APPEARANCE □ Petitioner/applicant understands there is a right to personally attended gives up that right; the matter may be heard without his/her appearance. 	
Date:	IGNATURE OF PETITTIONER/APPLICANT OR ATTORNEY)

EFEN	IDANT:	CASE NUMBER:
		PROOF OF SERVICE
		☐ Personal Service ☐ Service by Mail
1.	Person Name:	serving: I am over the age of 18 and <u>not a party to this action.</u>
	Telepho	
2. I served a copy of the Petition/Application (Health and Safety Code, § 11361.8) as follows (<i>check one</i>):		
	☐ a.	Personal Service: I personally delivered the Petition/Application for Resentencing or Reduction to Infraction 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/Application (Health and Safety Code, § 11361.8) 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):
l de	clare to t	ne best of my information and belief that the foregoing is true and correct.
Dat	e:	
_		(TYPE OR PRINT NAME OF DECLARANT) (SIGNATURE OF DECLARANT)