SUPERVISING AGENCY (Name and address):				FOR COURT USE ONLY		
ļ.,	TELEPHONE NO.:		FAX NO. (Optional):			
	MAIL ADDRESS (Optional):	IA COUNTY OF			-	
S	UPERIOR COURT OF CALIFORN					
STREET ADDRESS:  CITY AND ZIP CODE:						
	BRANCH NAME:					
IN THE MATTER OF (name of supervised person):						
Date of birth:						
PETITION FOR REVOCATION					SUPERVISING AGENCY NUMBER:	
	PAROLE (Pen. Code, §§			Code, §§ 3455, 1203.2)		
	PROBATION (Pen. Cod			RY SUPERVISION	COURT/CASE NUMBER:	
		,	(Pen. Code, §	§§ 1170(h)(5)(B), 1203.2)		
			INSTRUCTION	NS		
Before filing this form, petitioner should consult local rules and court staff to schedule the hearing in item 1.						
	• Petitioner must note whether the petition applies to a parole (beginning July 1, 2013), postrelease community supervision, probation,					
or mandatory supervision matter by marking the appropriate check box above.						
4	HEADING INCORMATION:	\ haaring on this n	atition for rouganti	on has been askeduled as fol	House	
.  -	. <b>HEARING INFORMATION:</b> A hearing on this petition for revocation has been scheduled as follows:					
	Date:		Time:	Dept.:		
	Location (if different than court address above):					
If an interpreter is needed, please specify the language:						
2	CHOTODY CTATUS (Onless and )					
۷.	2. CUSTODY STATUS (Select one): not in custody in custody (specify location):					
	Booking number (if any):					
3. CONVICTION INFORMATION:						
	The supervised person was originally convicted of the following offenses:					
	on (date):		in agaa numb	ore (apocify):		
	in county of (specify):		in case numb	ets (specify). ed to (specify sentence):		
4. <b>SUPERVISION INFORMATION:</b> The supervised person was released on supervision on (specify dat					cify date):	
Name of current supervising agent or officer:						
Supervision is scheduled to expire on (i.e., the controlling discharge date is) (date):						
5.	5. SPECIFIC TERMS AND CONDITIONS: Petitioner alleges that the supervised person has violated the following terms and					
conditions of supervision (if more space is needed, please use Attachment to Judicial Council Form (MC-025)):					Form <i>(MC-025)):</i>	
6. <b>SUMMARY:</b> The supervising agency established probable cause for the alleged violation on <i>(date):</i>					ate):	
				t to Judicial Council Form (MC-025)).		
7.	SPECIAL PAROLE STATUS	SPECIAL PAROLE STATUS (check this box only if the supervised person is subject to parole under Penal Code section 3000.1):				
The supervised person is on parole under Penal Code section 3000.1. If the court determines that t					•	
parole, the court is required to remand the person to the custody of CDCR for future parole consideration. (Pen. Co						
	3000.08(h).)					
Ιd	eclare under penalty of perjury	and to the best of	my information an	d belief that the foregoing is t	rue and correct.	
	ate:		, :	By		
υč	ແບ.	NAME AND TITLE OF	PETITIONER		TURE OF PETITIONER	
					Page 1 of 1	