ATTORNEY OR PARTY WITHOUT ATTORNEY (Nam	e, State Bar number, and address):			FO	R COURT USE ONLY
TELEPHONE NO.:	FAX NO. (C	Optional):			
EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):					
SUPERIOR COURT OF CALIFO	RNIA. COUNTY OF SA	AN DIEGO		1	
☐ CENTRAL DIVISION, CENTRAL CC☐ EAST COUNTY DIVISION, 250 E. M☐ NORTH COUNTY DIVISION, 325 S.	DURTHOUSE, 1100 UNION : IAIN ST., EL CAJON, CA 92 MELROSE DR., VISTA, CA	ST., SAN DIEGO, (2020 A 92081	CA 92101		
SOUTH COUNTY DIVISION, 500 3F PLAINTIFF(S)	RD AVE., CHULA VISTA, CA	A 91910		1	
PEOPLE OF THE STATE OF CALIFORN	IIA				
DEFENDANT(S)				SUPERIOR CO	DURT CASE NUMBER
PETITION FOR RESENTENCING / REDUCTION TO MISDEMEANOR				DA/CA CASE NUMBER	
PETITIONER INFORMATION				•	
Full name:					_
Date of Birth:					
Address:					
Street		City	St	ate	Zip Code
CONVICTION INFORMATION					
been reclassified as a misdemean	or(s) (specify count(s),	, code(s), and s	section(s)):		
Petitioner has no prior conviction registration pursuant to Penal Cod as defined in Penal Code section	e section 290(c). Petiti		, ,	. , . , . ,	
(Choose one) Petitioner is currently serving to release community supervise #) (If it is petitioner has completed the service)	ion) for the count(s) n the custody of the loa) listed above cal Sheriff, prov	. (If in sta vide booking #	te prison cu	ustody, provide CDCR
Petitioner requests that the felony	count(s) listed above	be reduced to a	a misdemeand	or(s) and, if a	ppropriate, petitioner be
resentenced accordingly. (Pen. Co	ode, § 1170.18(a) & (f)	.)			
I declare under penalty of perjury	under the laws of the s	state of Californ	ia that the fore	going is true	and correct.
Date:					
Type or print name				Signature	of Petitioner or Attorney