IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA

|  |  |
| --- | --- |
| IN AND FOR THE COUNTY OF |  |
|  | Applicant's County of Residence |

In the Matter of the Application of

|  |  |  |  |
| --- | --- | --- | --- |
|  | |  | *Court use only* |
| Type Applicant’s Full Name - First Middle Last and Suffix, if applicable | |  |  |
|  |  |  |  |
|  |  |  |  |
| Date of Birth |  |  |  |
|  | Month Day, Year |  |  |
| CII Number |  |  |  |
|  |  |  |  |
| Criminal Case Number(s) |  |  |  |
|  | List applicable Criminal Case Number(s) |  |  |

|  |
| --- |
| PETITION FOR CERTIFICATE OF REHABILITATION AND PARDON |

*Pursuant to Penal Code Sections 4852.01 and 4852.06*

The above-named applicant hereby respectfully represents and shows that:

# FELONY HISTORY

**[** *All felony convictions must be listed. If you have suffered more than three (3) felony convictions, attach additional sheets following the same format.* **]**

**Most Recent Felony Conviction**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| On or about |  | , I was convicted of the crime of |  | , |
|  | Month Day, Year |  | Indicate crime and Penal Code Section |  |

|  |  |  |
| --- | --- | --- |
| in the county of |  | , California. My sentence for this offense was: |

**[** *Check appropriate box* **]**

|  |  |  |
| --- | --- | --- |
| Commitment to state prison or other state institution at |  | ; |
|  | Name of institution or city where located |  |

|  |
| --- |
| Probation with suspended sentence to state prison or other state institution; |
|  |

|  |
| --- |
| Probation, after the sentencing proceedings were suspended. |
|  |

|  |  |  |
| --- | --- | --- |
| Thereafter, on or about |  | , I was; |
|  | Date released from custody |  |

**[** *Check appropriate box* **]**

|  |
| --- |
| Discharged from state prison or other state institution after completing my sentence; |
|  |

|  |  |  |
| --- | --- | --- |
| Released on parole, from which I was finally discharged on |  | ; |
|  | Discharge date |  |

|  |
| --- |
| Released from custody on probation after serving a jail sentence; |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| As a condition of my probation, I was released from custody after serving time in jail, and successfully | | | | |
|  | | | | |
| completed my probation on | |  | , and obtained relief under Penal Code | |
|  | | Date probation ended |  | |
| section 1203.4 on |  | | . |
|  | Date 1203.4 granted by the Court | |  |

|  |  |  |
| --- | --- | --- |
| **FORM 1** (*Revised 3/25/04)* |  | *This form was prepared by the Investigations Division of the Board of Parole Hearings pursuant to Penal Code Section 4852.18.* |

**Second** **Most Recent Felony Conviction**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| On or about |  | , I was convicted of the crime of |  | , |
|  | Month Day, Year |  | Indicate crime and Penal Code Section |  |

|  |  |  |
| --- | --- | --- |
| in the county of |  | , California. My sentence for this offense was: |

**[** *Check appropriate box* **]**

|  |  |  |
| --- | --- | --- |
| Commitment to state prison or other state institution at |  | ; |
|  | Name of institution or city where located |  |

|  |
| --- |
| Probation with suspended sentence to state prison or other state institution; |
|  |

|  |
| --- |
| Probation, after the sentencing proceedings were suspended. |
|  |

|  |  |  |
| --- | --- | --- |
| Thereafter, on or about |  | , I was; |
|  | Date released from custody |  |

**[** *Check appropriate box* **]**

|  |
| --- |
| Discharged from state prison or other state institution after completing my sentence; |
|  |

|  |  |  |
| --- | --- | --- |
| Released on parole, from which I was finally discharged on |  | ; |
|  | Discharge date |  |

|  |
| --- |
| Released from custody on probation after serving a jail sentence; |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| As a condition of my probation, I was released from custody after serving time in jail, and successfully | | | | |
|  | | | | |
| completed my probation on | |  | , and obtained relief under Penal Code | |
|  | | Date probation ended |  | |
| section 1203.4 on |  | | . |
|  | Date 1203.4 granted by the Court | |  |

**Third** **Most Recent Felony Conviction**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| On or about |  | , I was convicted of the crime of |  | , |
|  | Month Day, Year |  | Indicate crime and Penal Code Section |  |

|  |  |  |
| --- | --- | --- |
| in the county of |  | , California. My sentence for this offense was: |

**[** *Check appropriate box* **]**

|  |  |  |
| --- | --- | --- |
| Commitment to state prison or other state institution at |  | ; |
|  | Name of institution or city where located |  |

|  |
| --- |
| Probation with suspended sentence to state prison or other state institution; |
|  |

|  |
| --- |
| Probation, after the sentencing proceedings were suspended. |
|  |

|  |  |  |
| --- | --- | --- |
| Thereafter, on or about |  | , I was; |
|  | Date released from custody |  |

**[** *Check appropriate box* **]**

|  |
| --- |
| Discharged from state prison or other state institution after completing my sentence; |
|  |

|  |  |  |
| --- | --- | --- |
| Released on parole, from which I was finally discharged on |  | ; |
|  | Discharge date |  |

|  |
| --- |
| Released from custody on probation after serving a jail sentence; |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| As a condition of my probation, I was released from custody after serving time in jail, and successfully | | | | |
|  | | | | |
| completed my probation on | |  | , and obtained relief under Penal Code | |
|  | | Date probation ended |  | |
| section 1203.4 on |  | | . |
|  | Date 1203.4 granted by the Court | |  |

|  |  |  |
| --- | --- | --- |
| **FORM 1** (*Revised 3/25/04)* |  | *This form was prepared by the Investigations Division of the Board of Parole Hearings pursuant to Penal Code Section 4852.18.* |

## RESIDENCY HISTORY

|  |  |  |
| --- | --- | --- |
| I am now a resident of the State of California, and I have continuously resided in the State of California | | |
|  | | |
| from |  | , to the present date. |
|  | Month Day, Year |  |

## APPLICANT'S DECLARATION

*During the period of my rehabilitation, I have lived an honest and upright life, conducted myself with sobriety and industry, and exhibited good moral character. I have conformed to and obeyed all the laws of the land.*

***WHEREFORE****, Your petitioner prays that the Court make its order and decree declaring that the petitioner has been rehabilitated; and for a Certificate of Rehabilitation recommending that the Governor of the State of California grant petitioner a full pardon; and that for such purpose, a time be appointed for the hearing of the foregoing petition; and that other and necessary proper orders may be made in the premises.*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Applicant's Signature |  | Month Day, Year |

|  |
| --- |
|  |
| Applicant's Street Address |

|  |
| --- |
|  |
| Applicant's City, State ZIP Code |

|  |  |  |
| --- | --- | --- |
| **FORM 1** (*Revised 3/25/04)* |  | *This form was prepared by the Investigations Division of the Board of Parole Hearings pursuant to Penal Code Section 4852.18.* |

## FORM 1 INSTRUCTIONS

1. After completing the ***Petition for Certificate of Rehabilitation and Pardon***, file it with the Superior Court in the county in which you reside. In every case, you must have resided continuously for **five** (5) years in this state prior to filing the petition.
2. The period of rehabilitation begins to run upon your discharge from custody or upon release on parole or probation, whichever is sooner. The period of rehabilitation shall constitute **five** (5) years residence in this state, **plus** a period of time determined by the following rules:
3. To the **five** (5) years there shall be added **four** (4) years in the case of any person convicted of violating Section 187, 209, 219, 4500, or 12310 of the penal code, or subdivision (a) of Section 1672 of the Military and Veterans Code, or any other offense which carries a life sentence.
4. To the **five** (5) years there shall be added **two** (2) years in the case of any person convicted of committing any offense not listed above and which does not carry a life sentence. (The majority of applicants require a **seven-year** rehabilitation period).
5. To the **five** (5) years the trial court hearing the application for the Certificate of Rehabilitation may add additional years when a person has served consecutive sentences. The amount of additional time will not exceed the sum of the maximum penalties for all the crimes.
6. To the **five** ( 5) years there shall be added **five** (5) years in the case of any person convicted of any offense or attempted offense for which sex offender registration is required pursuant to P.C. 290, except for convictions for violations of subdivision (b), (c), or (d) of Section 311.2, or of Section 311.3, 311.10, or 314. For those convictions, two years shall be added to the five years imposed by this section.
7. Any person discharged after completion of his/her term or released on parole before May 13, 1943, is not subject to the periods of rehabilitation set forth in these rules.
8. If you were released on felony probation and successfully completed probation, you must obtain relief under Penal Code Section 1203.4 before applying for a Certificate of Rehabilitation.
9. You are entitled to be represented by an attorney of your own selection, or by the public defender. You are entitled to receive assistance from all rehabilitative agencies including officers from adult probation and parole, and for persons under the age of 30 years, from the Youth Authority.
10. It is unlawful for anyone, other than an attorney, to accept any fee, money or anything of value for their services in representing you in this proceeding.
11. You are not required to pay filing fees of any kind in connection with this proceeding.
12. When the Court sets a hearing date on your Petition, you are required to give notice of that date at least thirty (30) days before the hearing. You must formally notify the District Attorney for each county in which you have been convicted, and the Governor's Office.
13. A Certificate of Rehabilitation is not an automatic pardon; it is only an automatic application for a pardon.

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA

|  |  |
| --- | --- |
| IN AND FOR THE COUNTY OF |  |
|  | Applicant's County of Residence |

In the Matter of the Application of

|  |  |  |  |
| --- | --- | --- | --- |
|  | |  | *Court use only* |
| Type Applicant’s Full Name - First Middle Last and Suffix, if applicable | |  |  |
|  |  |  |  |
|  |  |  |  |
| Date of Birth |  |  |  |
|  | Month Day, Year |  |  |
| CII Number |  |  |  |
|  |  |  |  |
| Criminal Case Number(s) |  |  |  |
|  | List applicable Criminal Case Number(s) |  |  |

|  |
| --- |
| NOTICE OF FILING OF PETITION FOR CERTIFICATE OF REHABILITATION AND PARDON |

*Pursuant to Penal Code Sections 4852.01 and 4852.06*

To the Governor of the State of California:

|  |  |  |
| --- | --- | --- |
| District Attorney, County of |  | ; |
|  | County of Residence |  |

|  |  |  |
| --- | --- | --- |
| District Attorney, County of |  | ; |
|  | Most recent felony in county of conviction, if different from ***County of Residence*** |  |

|  |  |  |
| --- | --- | --- |
| District Attorney, County of |  | ; |
|  | 2nd most recent felony in county of conviction, if applicable |  |

|  |  |  |
| --- | --- | --- |
| District Attorney, County of |  | ; |
|  | 3rd most recent felony in county of conviction, if applicable |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| You and Each of You Will Please Take Notice That On the |  | day of |  | | ; |
| Date you filed your ***Petition for Certificate of Rehabilitation and Pardon*** | | | |  | |

|  |
| --- |
| the undersigned has filed a petition in the above-mentioned court(s) for a Certificate of Rehabilitation and |
|  |

|  |
| --- |
| Pardon in accordance with the provision of Chapter 3.5, Title 6, Part 3 of the Penal Code of the State of |
|  |

|  |  |  |
| --- | --- | --- |
| California, and that said petition has, by said court, been set for a hearing on the |  | day of |
|  | Day of hearing |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | to commence at |  | a.m.  p.m., of said day, or as soon |
| Month, Year |  | Time of hearing |  |

|  |  |  |
| --- | --- | --- |
| as the matter can be heard, in its courtroom, department |  | at the courthouse |
|  | Department |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| in the city of |  | ,county of |  | state of California. |
|  | City where hearing will be held |  | County where hearing will be held |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Applicant's Signature |  | Month Day, Year |

|  |
| --- |
|  |
| Applicant's Street Address |

|  |
| --- |
|  |
| Applicant's City, State ZIP Code |

|  |  |  |
| --- | --- | --- |
| **FORM 2** (*Revised 3/25/04)* |  | *This form was prepared by the Investigations Division of the Board of Parole Hearings pursuant to Penal Code Section 4852.18.* |

# AFFIDAVIT OF SERVICE BY MAIL

## STATE OF CALIFORNIA

|  |  |  |  |
| --- | --- | --- | --- |
| City of |  | , County of |  |

|  |  |  |
| --- | --- | --- |
| I, |  | being first duly sworn, deposes, and says: |
|  | Full Name - First Middle Last and Suffix, if applicable |  |

|  |
| --- |
| I am a citizen of the United States, am over the age of 18 years, and am not a party to the above-entitled |
|  |

|  |  |  |
| --- | --- | --- |
| proceeding. I am a resident of the County of |  | , State of California. |
|  | County of Residence |  |

|  |  |
| --- | --- |
| My  residence  business address is |  |
|  | Street Address |

|  |
| --- |
|  |
| City, State ZIP Code |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| On the |  | day of |  | , I served the attached Notice to each person listed below |
|  | Day of the Month |  | Month, Year |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Full Name - First Middle Last and Suffix, if applicable |  | Street Address |  | County |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Full Name - First Middle Last and Suffix, if applicable |  | Street Address |  | County |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Full Name - First Middle Last and Suffix, if applicable |  | Street Address |  | County |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Full Name - First Middle Last and Suffix, if applicable |  | Street Address |  | County |

|  |
| --- |
| by placing a copy of this Notice in a sealed envelope and mailing it first class, postage pre-paid to each |
|  |

|  |
| --- |
| person as listed above. There is a delivery service by United States mail at each of the places so |
|  |

|  |
| --- |
| addressed, or there is a regular communication by mail between the place of mailing and each of the |
|  |

|  |
| --- |
| places so addressed. |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Subscribed and sworn to before me this* |  | *day of* |  | . |
|  | Day of the Month |  | Month, Year |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Full Name of Notary Public - TYPED or PRINTED |  | Notary Public - SIGNATURE |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *In and for the City of* |  | *, County of* |  | *, California.* |

|  |  |  |
| --- | --- | --- |
| **FORM 2A** (*Revised 12/21/18)* |  | *This form was prepared by the Investigations Division of the Board of Parole Hearings pursuant to Penal Code Section 4852.18.* |

NOTICE OF SERVICE IN PERSON

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Receipt of copy of this Notice is hereby admitted this |  | day of |  | . |
|  | Day of the month |  | Month, Year |  |

***Governor's Office***

***State Capitol***

***Legal Affairs Division***

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Full Name of Governor's staff - TYPED or PRINTED |  | Governor's staff - SIGNATURE |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Governor's staff - TITLE |  | Month Day, Year |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Receipt of copy of this Notice is hereby admitted this |  | day of |  | . |
|  | Day of the month |  | Month, Year |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Full Name of District Attorney staff - TYPED or PRINTED |  | District Attorney staff - SIGNATURE |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| County District Attorney |  | Month Day, Year |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Receipt of copy of this Notice is hereby admitted this |  | day of |  | . |
|  | Day of the month |  | Month, Year |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Full Name of District Attorney staff - TYPED or PRINTED |  | District Attorney staff - SIGNATURE |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| County District Attorney |  | Month Day, Year |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Receipt of copy of this Notice is hereby admitted this |  | day of |  | . |
|  | Day of the month |  | Month, Year |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Full Name of District Attorney staff - TYPED or PRINTED |  | District Attorney staff - SIGNATURE |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| County District Attorney |  | Month Day, Year |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Receipt of copy of this Notice is hereby admitted this |  | day of |  | . |
|  | Day of the month |  | Month, Year |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Full Name of District Attorney staff - TYPED or PRINTED |  | District Attorney staff - SIGNATURE |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| County District Attorney |  | Month Day, Year |

|  |  |  |
| --- | --- | --- |
| **FORM 2B** (*Revised 3/25/04)* |  | *This form was prepared by the Investigations Division of the Board of Parole Hearings pursuant to Penal Code Section 4852.18.* |

FORM 2 INSTRUCTIONS

1. After completing this ***Notice of Filing for Certificate of Rehabilitation and Pardon***, make enough copies to distribute one (1) copy to:
2. the Governor of California;
3. the District Attorney in your county of residence where you filed your ***Petition for Certificate of Rehabilitation and Pardon***, and;
4. each District Attorney of the county in which you were convicted of a felony.
5. This ***Notice of Filing for Certificate of Rehabilitation and Pardon*** must be served to all of the aforementioned individuals ***at least thirty (30) days prior*** to the date set for your hearing. You may do so by utilizing one or both of the following forms, in any combination necessary, as long as all of the aforementioned individuals have been served.
6. ***Affidavit of Service by Mail*** ***(Form 2A)*** - If you intend to have a Notary Public mail a copy of the ***Notice of Filing for Certificate of Rehabilitation and Pardon*** to each of the aforementioned individuals, you may do so by having the Notary Public complete and sign the ***Affidavit of Service by Mail***. Mailing procedures are outlined in the Affidavit.
7. ***Notice of Service in Person*** ***(Form 2B)*** - If you intend to hand-deliver a copy to each of the aforementioned individuals, you may do so by utilizing this form and having each individual sign in the appropriate space indicating that a copy of the ***Notice of Filing for Certificate of Rehabilitation and Pardon*** was received.
8. After you have served all the aforementioned individuals, personally or by mail, file this completed ***Notice of Filing for Certificate of Rehabilitation and Pardon*** and the ***Affidavit of Service by Mail*** or ***Notice of Service in Person***, or both, as the case may be, with the Superior Court in the county in which you reside.