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ATTORNEY OR PARTY WITHOUT ATTORNEY:		STATE BAR NO:		
NAME:				
FIRM NAME:	STATE:	ZIP CODE		
STREET ADDRESS: CITY:	STATE.	ZIF CODE		
TELEPHONE NO:				
E-MAIL ADDRESS: ATORNEY FOR (Name):				
SUPERIOR COURT OF CALIFORNIA, CO	UNTY OF TUI	ARE	1	
☐ Visalia - 211 S. Mooney Blvd., Visalia, CA 9				
South County Justice Center - 300 E. Olive A	Ave., Porterville,	CA 93257		
PEOPLE OF THE STATE OF CALIFORNIA			Hearing Date:	
vs. Defendant:			Time:	Department:
PETITION/APPI	ICATION		CASE NUMBI	
FOR RESENTENCING OF DISMISSAL   FOR REDUCTION OR DISMISSAL/SEALING			CASE NOMBI	ZIV.
	alth & Safety Code §			
CONVICTION INFORMATION				
On (date), Petitioner/Applicant, the				
is, was convicted of the following				
reclassified as legally invalid, $\square$ a misdemean		· / · 1	ecify code(s) and	sections(s)):
and was sentenced to (specify	sentence impos	sed):		
A. RESENTENCING or DISMISSAL				
		avects under Heelth 9	Cofoty Codo \$11	1261 9(a) (b) that that
Petitioner is currently serving the above	sentence and re	quests under Health &	Safety Code §11	1301.8(a), (b) that the:
Felony Sentence(s) be recalled	and that Petition	ner be resentenced to i	misdemeanor(s).	
Felony Sentence(s) be recalled	and that Petition	ner be resentenced to i	nfraction(s).	
Misdemeanor Sentence(s) be re	ecalled and that	Petitioner be resentend	ced to infraction(s	s).
Felony/misdemeanor/infraction	n sentence(s) list	ted above be dismissed	l because the sent	tence(s) is/are now
legally invalid.				
Custody status:				
Petitioner is currently in custoo	dy at (location) _		, inmate numbe	er;
and is is not requesting	-			
B. $\square$ REDUCTION OR DISMISSAL/SE	EALING			
Applicant has completed the above sent		ts under Health & safe	ety Code 811361	8(e) (f) that the
<u> </u>	-		ty code \$11301.	o(c), (1) that the.
Felony conviction(s) listed abo				
Felony conviction(s) listed abo	ve be reduced to	o infraction(s).		
Misdemeanor conviction(s) list	ted above be red	uced to infraction(s).		
Felony/misdemeanor/infraction		isted above be dismiss	ed and sealed bed	cause the prior
conviction(s) is/are now legally	y invalid.			
I declare to the best of my information and belief	f that the foregoi	ng is true and correct.		
Date:				
(TYPE OR PRINT NAME)	(	SIGNATURE OF PETIT	ΓΙΟΝΕR/APPLICA	ANT OR ATTORNEY)

efendant Name:	Case Number:
	PROOF OF SERVICE
I served a copy of the Petition/Application for (check one):	or Resentencing or Dismissal, for Reduction or Dismissal/Sealing as follows
	ally delivered the Petition/Application for Resenting or Dismissal, for ealing to the Tulare County District Attorney at the address listed below:
Visalia Divis 221 S Moone Visalia, CA 9	ey Blvd # 224, 643 N Westwood
Dismissal/Sealing in the U	ed the Petition/Application for Resentencing or Dismissal, for Reduction of Inited States mail, in a sealed envelope with first class postage fully prepaided to the Tulare County District Attorney as follows:
Visalia Divis 221 S Moone Visalia, CA 9	ey Blvd # 224, 643 N Westwood
have served a copy of this Petition/Application	on the Tulare County Office of the District Attorney.
ate:	