TULARE COU	NTY SUPI	ERIOR CO	URT		
☐ Porterville Division ☐ Visalia Division					
aintiff: THE PEOPLE OF THE STATE OF CALIFORNIA vs.					
efendant:					
Your Name)					
PETITION AND ORDER FOR DISMISSAL UNDER PENAL CODE SECTION 1210.1(e)(1)					CASE NUMBER:
		<u> </u>	STEP 1	_	
convicted on	and condit ll of the pro other crim d of any oth and assessme side the con	11377   11 ions of prob bation requ inal activity ner criminal ents that we nviction and both the arre	of violating of violating and the prooffenses are ordered dismiss and the prooffenses and the prooffenses and the prooffenses and the prooffenses are ordered dismiss and the prooffenses are ordered dismiss and the prooffenses are ordered dismiss and the prooffenses are prooffenses and the prooffenses are prooffenses and the prooffenses are prooffen	ng the format the following the following to Figure 1 in the composed of the conviction of the con	s criminal action, and that I was llowing section(s) of the Health and lowing section(s):  Penal Code Section 1210.1, and have I have not illegally used controlled xcess of months. I have not been ng placed on probation in this matter. I have sof my probation. Accordingly, I hereby laint in this case pursuant to Penal code on never to have occurred. , California.  Defendant's Signature
P.O. Box				Telephone Number	
		<u>4</u>	STEP 2	<u>2</u>	
					<b>CERTIFICATION</b> Noble Ave, Visalia Ca. 93291)
This defendant ha	as paid all	fines and f	ees asso	ciated wi	th this case.
Dated:,	20				
<del></del> ,		_	Prob	oation Ac	ecounting Services Representative
		Conti	nue to p	age 2	
			STEP 3		

CRIM-001 Optional Form August 31, 2022

## HEALTH AND HUMAN SERVICES CERTIFICATION

(Take this form to 132 North Valley Oaks Drive, Visalia to obtain this signature)

This defendant completed the provided for the Probation Department	ne assigned treatment program. $\Box$ Testing results for the past year are ent to review.
Dated:, 20	·
	Health and Human Services Department Representative
	ON DEPARTMENT CERTIFICATION will send this to the Probation Department for this signature)
	criminal record indicated that (s)he has no convictions after the d has not missed any tests or tested positive for any illegal use of empleting treatment.
Dated:, 20	
	Probation Officer
	<u>STEP 4</u>
	are obtained, this form will be sent to you and you must take this cart clerk and schedule a date for a hearing. To have your case the hearing on:  Department:
Date.	Department.
	ORDER
of probation imposed pursuant to and the complaint or information addition, except as noted herein, be occurred. This order does not reli- response to any direct question co- position as a peace officer, for lice enforcement inquiry, for service of Dismissal of this action does not people of be- control any firearm capable of be-	
-	Judicial Officer