

ATTORNEY OR PARTY WITHOUT ATTORNEY: _____ STATE BAR NO.: _____ NAME: FIRM NAME: STREET ADDRESS: CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: ATTORNEY FOR (name): _____	FOR COURT USE ONLY
PEOPLE OF THE STATE OF CALIFORNIA v. DEFENDANT: _____	CASE NUMBER: _____
PETITION/APPLICATION (Health and Safety Code, § 11361.8) ADULT CRIME(S)	FOR COURT USE ONLY
<input type="checkbox"/> RESENTENCING OR DISMISSAL (Health & Saf. Code, § 11361.8(b))	<input type="checkbox"/> REDESIGNATION OR DISMISSAL/SEALING (Health & Saf. Code, § 11361.8(f))
	Date: Time: Department.:

1. CONVICTION INFORMATION (Check all that apply)

- 11357 - Possession of Marijuana
- 11358 - Cultivation of Marijuana
- 11359 - Possession of Marijuana for Sale
- 11360 - Transportation, Distribution, or Importation of Marijuana
- 11362.1 - Personal Use of Marijuana

2. REQUEST (check all that apply)

- PETITION: Petitioner is currently serving a sentence in the above-captioned case and now requests the court recall/resentence/dismiss the conviction.
- APPLICATION: Applicant has completed his/her sentence in the above captioned case and now requests the court dismiss & seal/re designate the conviction.

3. WAIVER OF HEARING BY ORIGINAL SENTENCING JUDGE

- Petitioner/applicant waives the right to have this matter heard by the original sentencing judge. The presiding judge of the court may designate any judge to rule on this matter.

4. WAIVER OF APPEARANCE

- Petitioner/applicant understands there is a right to personally attend any hearing held in this matter. Petitioner/applicant gives up that right; the matter may be heard without his/her appearance.

Dated: _____


 SIGNATURE OF PETITIONER/APPLICANT

Form CR-401 (Proof of Service for Petition/application adult crimes) may be used to provide proof of service of this petition/application. Page 1 of 1