

CR-431

Court Cover Letter and Agency Certification—Incarcerated Individual Hand Crew (Pen. Code, § 1203.4b)

Clerk stamps date here when form is filed.

Secretary, California Department of Corrections and Rehabilitation

c/o Camp Liaison Captain
1515 S Street, 330 N-113
Sacramento, California 95811

Appropriate county authority (name): _____

Address:

Attached is a copy of a petition for relief under Penal Code section 1203.4b filed by:

Name: _____

First Middle Last

Date of birth: _____ (mm/dd/yyyy)

CDCR No. (while in fire camp, if known): _____

Name of fire camp, if known: _____

Approximate dates in fire camp: _____ to _____
(month/year) (month/year)

Please certify, by (date): _____, whether the petitioner successfully participated as a hand crew member in the CDCR incarcerated individual conservation camp program, or successfully participated as a member of a county incarcerated individual hand crew, and has been released from custody.

Date: _____

Court Clerk: _____ Court Contact Information (optional): _____

Agency Certification

NOTE TO CERTIFYING AGENCY: Please fill out this certification and mail this form to the court at the address above.

The Secretary of the California Department of Corrections and Rehabilitation or the appropriate county authority certifies that, on case number: _____ (check one):

The petitioner successfully participated as a hand crew member in the CDCR incarcerated individual conservation camp program, or as a member of a county incarcerated individual hand crew, and has been released from custody. Dates of participation: _____ to _____
(month/year) (month/year)

The petitioner participated but was not successful as a hand crew member in the CDCR incarcerated individual conservation camp program, or as a member of a county incarcerated individual hand crew.

The petitioner did not participate as a hand crew member in the CDCR incarcerated individual conservation camp program, or as a member of a county incarcerated individual hand crew.

Date: _____

Signature of Agency Representative

Agency: _____ Printed Name: _____