

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

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)

Court use only

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 _____

_____ 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

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

_____ <small>Full Name - First Middle Last and Suffix, if applicable</small>	_____ <small>Street Address</small>	_____ <small>County</small>
_____ <small>Full Name - First Middle Last and Suffix, if applicable</small>	_____ <small>Street Address</small>	_____ <small>County</small>
_____ <small>Full Name - First Middle Last and Suffix, if applicable</small>	_____ <small>Street Address</small>	_____ <small>County</small>
_____ <small>Full Name - First Middle Last and Suffix, if applicable</small>	_____ <small>Street Address</small>	_____ <small>County</small>

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.*

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