

**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)

<i>Court use only</i>

**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 \_\_\_\_\_ ;  
2<sup>nd</sup> most recent felony in county of conviction, if applicable

District Attorney, County of \_\_\_\_\_ ;  
3<sup>rd</sup> 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 \_\_\_\_\_ day of the \_\_\_\_\_  
Day of hearing

\_\_\_\_\_ 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 \_\_\_\_\_, county \_\_\_\_\_ state of California.  
of \_\_\_\_\_ of \_\_\_\_\_  
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 \_\_\_\_\_, State of  
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