

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE:	
PEOPLE OF THE STATE OF CALIFORNIA v. DEFENDANT:	CASE NUMBER:
PETITION/APPLICATION UNDER HEALTH AND SAFETY CODE SECTION 11361.8—ADULT CRIMES	
<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))
FOR COURT USE ONLY DATE: TIME: DEPARTMENT:	

Note to petitioner/applicant: Your conviction may have already been automatically dismissed or redesignated. If so, this petition/application may be unnecessary—but there may be additional benefits to filing it with the court. If you want to know if your conviction has already been dismissed or redesignated, you can request your Record of Arrest and Prosecution (RAP) sheet from the California Department of Justice, but this is not required.

1. CONVICTION INFORMATION (check all of the Health and Safety Code sections that apply)

- a. 11357 - Possession of Marijuana
- b. 11358 - Cultivation of Marijuana
- c. 11359 - Possession of Marijuana for Sale
- d. 11360 - Transportation, Distribution, or Importation of Marijuana
- e. 11362.1 - Personal Use of Marijuana

2. REQUEST (check all that apply)

- a. PETITION: Petitioner is currently serving a sentence in the above-captioned case and now requests that the court recall and resentence or dismiss the conviction.
- b. APPLICATION: Applicant has completed the sentence in the above-captioned case and now requests that the court redesignate or dismiss and seal 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 petitioner/applicant's appearance.

Date:

(TYPE OR PRINT NAME)

▶ _____
(SIGNATURE OF PETITIONER/APPLICANT OR ATTORNEY)

Proof of Service for Petition/Application under Health and Safety Code Section 11361.8—Adult Crimes (form CR-401) may be used to provide proof of service of this petition/application.