ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.(Optional):	
EMAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF NEVADA	
☐ 201 CHURCH ST., SUITE 7, NEVADA CITY, CA 95959 ☐ 10075 LEVON AVE., #107, TRUCKEE, CA 96161	
PEOPLE OF THE STATE OF CALIFORNIA	
DEFENDANT	SUPERIOR COURT CASE NUMBER
PETITION FOR RESENTENCING REDUCTION TO MISDEMEANOR	DA CASE NUMBER
PETITIONER INFORMATION	
Full name (including AKAs):	
Date of Birth:	
Address:(Street) (City) (Street)	State) (Zip Code)
CONVICTION INFORMATION	
On (date), Petitioner, the defendant in the above-entitled cri	iminal action, was convicted of the
following felony offenses that have now been reclassified as misdemeanors (specify	
and was sentenced to (specify sentence imposed):	
Petitioner has no prior convictions for offenses under Pen. Code § 667(e)(2)(C)(iv) or for an offense requiring registration pursuant to Pen. Code § 290(c). Petitioner does not pose an unreasonable risk of danger to public safety as defined in Pen. Code § 1170.18(c).	
A. RESENTENCING Petitioner is currently serving the above sentence. Petitioner requests that the felony sentence be recalled and that Petitioner be resentenced to a misdemeanor under Pen. Code § 1170.18(b), (d).	
B. REDUCTION TO MISDEMEANOR Petitioner has completed the above sentence. Petitioner requests that the eligible felony convictions listed above be reduced to misdemeanors under Pen. Code § 1170.18(f), (g).	
C. WAIVER Petitioner waives the requirement of PC § 1170.18(a) that the original sentencing judge hear this petitioner and agrees this Petition may be heard by the judge designated to hear all petitioners for the court.	
I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct.	
Date:	
Type or print name	Signature of Petitioner or Attorney