

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name & Address</i>): Telephone No.: _____ Fax No. (Optional): _____ E-Mail Address (Optional): _____ Bar No.: _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE CENTRAL JUSTICE CENTER 700 CIVIC CENTER DRIVE WEST POST OFFICE BOX 22024 SANTA ANA, CA 92702-2024	
In the Matter of the Application of _____ <p style="text-align: center;">Type Petitioner's full name – First Middle Last and Suffix, if applicable</p> Date of Birth: _____ CII Number: _____	
NOTICE OF FILING OF PETITION FOR CERTIFICATE OF REHABILITATION AND PARDON (Penal Code § 4852.07)	CASE NUMBER: M -

To the District Attorney, County of _____;
County of Petitioner's Residence

To the District Attorney, County of _____;
County of most recent qualifying conviction, if different from **County of Residence**

To the District Attorney, County of _____;
County of 2nd most recent qualifying conviction, if applicable

To the District Attorney, County of _____;
County of 3rd most recent qualifying conviction, if applicable

On _____ the undersigned has filed a petition in the above mentioned court for a
Date of Filing
 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.

The petition will be heard on _____ at _____ in Department _____ at the Superior Court
Date of Hearing Time Department
 of California, County of Orange, Central Justice Center.

Date

▶ _____
SIGNATURE OF PETITIONER

TYPE OR PRINT NAME OF PETITIONER

Petitioner's Address:

City, State, ZIP

NOTICE OF FILING OF PETITION FOR CERTIFICATE OF REHABILITATION AND PARDON