

# Samples

## Petition for Certificate of Rehabilitation and Pardon

**a. FORM 1**

**IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA**  
**IN AND FOR THE COUNTY OF SACRAMENTO**

In the Matter of the Application of  
**PAUL QUINCY SAMPLE**

Date of Birth: 05/05/1971  
CII Number: 00001234  
Criminal Case Number(s): 01F12345, 00F67890

**PETITION FOR CERTIFICATE OF REHABILITATION AND PARDON**  
Pursuant to Penal Code Sections 4652.01 and 4652.06

The above-named applicant hereby respectfully represents and shows that:

**FELONY HISTORY**

**Most Recent Felony Conviction**

On or about 05/18/2001, I was convicted of the crime of PC 246 DISCHARGE FIREARM in the county of SACRAMENTO, California. My sentence for this offense was:

- Commitment to state prison or other state institution at FOLSOM
- Probation with suspended sentence to state prison or other state institution;
- Probation, after the sentencing proceedings were suspended;

Thereafter, on or about 08/07/2003, I was:

- Discharged from state prison or other state institution after completing my sentence;
- Released on parole, from which I was finally discharged on 08/08/2006
- Released from custody on probation after serving a jail sentence;
- As a condition of my probation, I was released from custody after serving time in jail, and successfully completed my probation on \_\_\_\_\_ and obtained relief under Penal Code section 1203.4 on \_\_\_\_\_

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**Second Most Recent Felony Conviction**

On or about 02/10/2000, I was convicted of the crime of PC 460(a) BURGLARY  
Month Day, Year Include crime and Penal Code Section  
 in the county of SACRAMENTO, California. My sentence for this offense was:  
 [ Check appropriate box ]

Commitment to state prison or other state institution at FOLSOM  
Name of institution

Probation with suspended sentence to state prison or other state institution;

Probation, after the sentencing proceedings were suspended.

Thereafter, on or about \_\_\_\_\_, I was:  
Date released from custody  
 [ Check appropriate box ]

Discharged from state prison or other state institution after completing my sentence;

Released on parole, from which I was finally discharged  
ON 08/09/2006  
Discharge date

Released from custody on probation after serving a jail sentence;

As a condition of my probation, I was released from custody after serving time in jail, and successfully completed my probation on \_\_\_\_\_, and obtained relief under Penal Code section 1203.4 on \_\_\_\_\_  
Date probation ended Date 1203.4 granted by the Court

**Third Most Recent Felony Conviction**

On or about \_\_\_\_\_, I was convicted of the crime of \_\_\_\_\_  
Month Day, Year Include crime and Penal Code Section  
 in the county of \_\_\_\_\_, California. My sentence for this offense was:  
 [ Check appropriate box ]

Commitment to state prison or other state institution at \_\_\_\_\_

Probation with suspended sentence to state prison or other state institution;

Probation, after the sentencing proceedings were suspended.

Thereafter, on or about \_\_\_\_\_, I was:  
Date released from custody  
 [ Check appropriate box ]

Discharged from state prison or other state institution after completing my sentence;

Released on parole, from which I was finally discharged  
ON \_\_\_\_\_

Released from custody on probation after serving a jail sentence;

As a condition of my probation, I was released from custody after serving time in jail, and successfully completed my probation on \_\_\_\_\_, and obtained relief under Penal Code section 1203.4 on \_\_\_\_\_  
Date probation ended Date 1203.4 granted by the Court

FORM 1 (Revised 1/1/86) This form was prepared by the Development Division of the Board of Prison Terms

If you had another conviction, complete this section in the same way you completed the information regarding the most recent conviction, but with information regarding your second most recent conviction.

If you had another conviction, complete this section in the same way you completed the information regarding the most recent conviction, but with information regarding your third most recent conviction.

If you had four or more felony convictions, you may continue these on additional pages using the same format. You could duplicate this second page, and change the number of the convictions to "Fourth" and "Fifth" most recent convictions.

Petition for Certificate of Rehabilitation and Pardon (page 2)



Notice of Filing of Petition for Certificate of Rehabilitation

**b. FORM 2**

**IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA**  
**IN AND FOR THE COUNTY OF** SACRAMENTO Applicant's County of Residence

In the Matter of the Application of  
**PAUL QUINCY SAMPLE**  
Type Applicant's Full Name - First Middle Last and suffix, if applicable

Date of Birth MM/DD/YYYY  
CII Number 00000000  
Criminal Case Number(s) 00000000 (Use applicable Criminal Case Number(s))

**NOTICE OF FILING OF PETITION FOR CERTIFICATE OF REHABILITATION**  
Pursuant to Penal Code Sections 4852.01 and 4852.06

To the Governor of the State of California:  
District Attorney, County of SACRAMENTO  
District Attorney, County of SACRAMENTO  
District Attorney, County of SACRAMENTO  
District Attorney, County of SACRAMENTO

You and Each of You Will Please Take Notice That On the \_\_\_\_\_ day of \_\_\_\_\_, 2015, I, the undersigned, has filed a petition in the above-mentioned court(s) for a Certificate of Rehabilitation 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 \_\_\_\_\_, 2015, to commence at \_\_\_\_\_ a.m. / p.m., of said day, or as soon as the matter can be heard, in its courtroom, department \_\_\_\_\_ at the \_\_\_\_\_ in the city of \_\_\_\_\_, county of \_\_\_\_\_, state of California.

*Paul Quincy Sample*  
123 ELM AVENUE  
SACRAMENTO, CA 95665

10/28/2015

FORM 2 (Revised 10/09/11) This form was prepared by the Investigations Division of the Board of Prison Terms pursuant to Penal Code Section 4822.10.

Notice of Filing of Petition for Certificate of Rehabilitation (page 1)

**AFFIDAVIT OF SERVICE BY MAIL**

CALIFORNIA

City of Sacramento, County of Sacramento

I, Sam Server being first duly sworn, deposes, and says:

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 Sacramento, CA.

Business address is 987 Business Way  
Sacramento, CA 95543

On the 10 day of Nov, 2015, I served the attached Notice to each person listed below

<u>Governor's Office, Attn: Legal Affairs</u>	<u>State Capitol, Sacramento, CA 95814</u>	<u>Sacramento</u>
<small>Full Name - First Middle Last and Suffix, if applicable</small>	<small>Street Address</small>	<small>County</small>
<u>Anne Marie Schuber</u>	<u>Sac County District Atty, 901 G Street, Sac CA 95614</u>	<u>Sacramento</u>
<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>County</small>
<small>Full Name - First Middle Last and Suffix, if applicable</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 \_\_\_\_\_

The server is sworn in by a notary, makes the statement under penalty of perjury in front of the notary. The notary then signs and impresses the Affidavit.

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Notice of Filing of Petition for Certificate of Rehabilitation (page 2)



**NOTICE OF SERVICE IN PERSON**

Receipt of copy of this Notice is hereby admitted this \_\_\_\_\_ day of \_\_\_\_\_

*Governor's Office  
State Capitol  
Legal Affairs Division*

\_\_\_\_\_ Governor's staff

\_\_\_\_\_ Governor's staff - TITLE \_\_\_\_\_ Month Day, Year

Receipt of copy of this Notice is hereby admitted this \_\_\_\_\_ day 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 \_\_\_\_\_

\_\_\_\_\_ 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 \_\_\_\_\_

\_\_\_\_\_ District Attorney staff - TYPED or PRINTED \_\_\_\_\_ District Attorney staff - SIGNATURE

\_\_\_\_\_ County District Attorney \_\_\_\_\_ Month Day, Year

FORM 28 (Revised 12/09) This form was prepared by the Investigation, Control and the Board of Prison Terms pursuant to Penal Code Section 452.33

The top space is reserved for the Governor's Office

Each section has a spot for the person accepting service to identify the date the Notice was received, and to print, date, and sign to identify who accepted the Notice.

The remaining spaces are used by District Attorney offices

Notice of Filing of Petition for Certificate of Rehabilitation (page 3)