

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 _____ ;
2nd most recent felony in county of conviction, if applicable

District Attorney, County of _____ ;
3rd 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

Full Name - First Middle Last and Suffix, if applicable Street Address County

Full Name - First Middle Last and Suffix, if applicable Street Address County

Full Name - First Middle Last and Suffix, if applicable Street Address County

Full Name - First Middle Last and Suffix, if applicable Street Address County

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

FORM 2 INSTRUCTIONS

1. After completing this **Notice of Filing for Certificate of Rehabilitation and Pardon**, make enough copies to distribute one (1) copy to:
 - the Governor of California;
 - the District Attorney in your county of residence where you filed your **Petition for Certificate of Rehabilitation and Pardon**, and;
 - each District Attorney of the county in which you were convicted of a felony.

2. This **Notice of Filing for Certificate of Rehabilitation and Pardon** must be served to all of the aforementioned individuals **at least thirty (30) days prior** to the date set for your hearing. You may do so by utilizing one or both of the following forms, in any combination necessary, as long as all of the aforementioned individuals have been served.
 - **Affidavit of Service by Mail (Form 2A)** - If you intend to have a Notary Public mail a copy of the **Notice of Filing for Certificate of Rehabilitation and Pardon** to each of the aforementioned individuals, you may do so by having the Notary Public complete and sign the **Affidavit of Service by Mail**. Mailing procedures are outlined in the Affidavit.
 - **Notice of Service in Person (Form 2B)** - If you intend to hand-deliver a copy to each of the aforementioned individuals, you may do so by utilizing this form and having each individual sign in the appropriate space indicating that a copy of the **Notice of Filing for Certificate of Rehabilitation and Pardon** was received.

3. After you have served all the aforementioned individuals, personally or by mail, file this completed **Notice of Filing for Certificate of Rehabilitation and Pardon** and the **Affidavit of Service by Mail** or **Notice of Service in Person**, or both, as the case may be, with the County Clerk's office in the county in which you reside.

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

Certificate Number _____

Date of Birth _____
Month Day, Year

CII Number _____

Criminal Case Number(s) _____
List applicable Criminal Case Number(s)

Court use only

CERTIFICATE OF REHABILITATION

Pursuant to Penal Code Section 4852.13

The petition of _____, presently residing

Type Applicant's Full Name - First Middle Last and Suffix, if applicable

at _____, heretofore filed, praying for

Type Applicant's Street Address, City, State, and ZIP Code

a Certificate of Rehabilitation pursuant to the provisions of Chapter 3.5, Title 6 of Part 3 of the Penal Code of the State of California, came on regularly for hearing on this _____ day

Day of the Month

of _____ and proof having been made to the

Month, Year

satisfaction of the Court that notice of the time of hearing has been regularly given as required by law; and from satisfactory proof taken at said hearing the Court finds that all allegations of said petition are true, and that the required period of rehabilitation has elapsed since petitioner's date of discharge from custody due to completion of the term to which the petitioner was sentenced, or upon the release on parole or probation on _____, that, where appropriate, petitioner has

Month Day, Year

obtained relief pursuant to Penal Code Section 1203.4, and that petitioner has demonstrated by the course of conduct his/her rehabilitation and fitness to exercise all the civil and political rights of citizenship (except as provided in Penal Code Section 4852.15); and that petitioner has been _____

Total Number of Felony Convictions

time(s) convicted of a felony;
WHEREFORE, It Is Ordered, Adjudged, and Decreed, And this court does hereby order, adjudge, and decree the petitioner has been rehabilitated and is fit to exercise all the civil and political rights of citizenship (except as provided in Penal Code Section 4852.15), and by virtue thereof, this court recommends that the Governor of the State of California grant a full pardon to said petitioner.

Done in open court this _____ day of _____

Day of the Month

Month, Year

Judge of said Superior Court - TYPED or PRINTED

Judge of said Superior Court - SIGNATURE