

ATTORNEY OR PARTY WITHOUT ATTORNEY: _____ STATE BAR NO: _____ NAME: FIRM NAME: STREET ADDRESS: CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
PEOPLE OF THE STATE OF CALIFORNIA v. DEFENDANT: _____ DATE OF BIRTH: _____	
PETITION FOR DISMISSAL (Military Personnel) (Pen. Code, §§ 17(b), 1170.9(h))	CASE NUMBER: _____
INSTRUCTIONS Before filing this form, petitioner should consult local rules and court staff to schedule the hearing in item 1.	

1. **HEARING INFORMATION:** A hearing on this petition for dismissal has been scheduled as follows:

Date: _____ Time: _____ Department: _____

Location (if different than court address above): _____

If an interpreter is needed, please specify language: _____

2. On (date): _____, the petitioner (the defendant in the above-entitled criminal action) was convicted of a violation of the following offenses:

Code	Section	Type of offense: (Felony or Misdemeanor)	Eligible for reduction to misdemeanor under Penal Code § 17(b) (Yes or No)

If additional space is needed for listing offenses, use *Attachment to Judicial Council Form* (form MC-025).

3. **Felony or misdemeanor with probation granted (Pen. Code, § 1170.9(h)):**

Petitioner was granted probation on the terms and conditions set forth in the docket of the above-entitled court. At the time probation was granted, the petitioner was a person described in Penal Code section 1170.9(a) (a member of the United States military suffering from sexual trauma, traumatic brain injury, posttraumatic stress disorder, substance abuse, or mental health problems as a result of his or her service) and the petitioner:

- is in substantial compliance with the conditions of that probation;
- has successfully participated in court-ordered treatment and services to address the sexual trauma, traumatic brain injury, posttraumatic stress disorder, substance abuse, or mental health problems stemming from military service;
- does not represent a danger to the health or safety of others; and
- has demonstrated significant benefit from court-ordered education, treatment, or rehabilitation to clearly show that granting restorative relief would be in the interests of justice.

(Note: You may complete and attach the Attached Declaration (form MC-031) or submit other relevant documents in support of one or more of the above statements.)

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4. The petitioner has (check all that apply):

- a. participated in education, treatment, and rehabilitation as ordered by the court (indicate the degree of participation and whether it was completed).
- b. progressed in formal education.
- c. developed career potential.
- d. demonstrated leadership and personal responsibility efforts.
- e. contributed service in support of the community.
- f. other factors.

(Note: You may complete and attach the Attached Declaration (form MC-031) or submit other relevant documents in support of one or more of the statements checked above to explain why granting a dismissal would be in the interests of justice.)

5. The petitioner requests that the court order (check all that apply):

- a. deem all conditions of probation, other than victim restitution, to be satisfied, including fines, fees, assessments, and programs, and terminate probation prior to the expiration of the term of probation.
- b. reduce the eligible felony offenses listed above to misdemeanors under Penal Code section 17(b).
- c. permit the petitioner to withdraw the plea of guilty, or set aside the verdict or finding of guilt and enter a plea of not guilty, and the court dismiss this action and grant relief in accordance with Penal Code section 1203.4, as specified in Penal Code section 1170.9(h)(3)(C).
- d. seal police records of the arrest and court records of the dismissed action in accordance with Penal Code section 1170.9(h)(4)(D).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on: _____
(DATE)

U _____
(SIGNATURE OF PETITIONER OR ATTORNEY)

(ADDRESS, PETITIONER)

(CITY) (STATE) (ZIP CODE)