

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): _____	<b>FOR COURT USE ONLY</b>
PEOPLE OF THE STATE OF CALIFORNIA v. DEFENDANT: _____	
<b>PETITION/APPLICATION (Health and Safety Code, § 11361.8) ADULT CRIME(S)</b>	CASE NUMBER: _____
<input type="checkbox"/> <b>RESENTENCING OR DISMISSAL (Health &amp; Saf. Code, § 11361.8(b))</b> <input type="checkbox"/> <b>REDESIGNATION OR DISMISSAL/SEALING (Health &amp; Saf. Code, § 11361.8(f))</b>	<b>FOR COURT USE ONLY</b> Date: Time: Department: _____

**1. CONVICTION INFORMATION (Check all that apply)**

- 11357 - Possession of Marijuana
- 11358 - Cultivation of Marijuana
- 11359 - Possession of Marijuana for Sale
- 11360 - Transportation, Distribution, or Importation of Marijuana
- 11362.1 - Personal Use of Marijuana

**2. REQUEST (check all that apply)**

- PETITION: Petitioner is currently serving a sentence in the above-captioned case and now requests the court recall/resentence/dismiss the conviction.
- APPLICATION: Applicant has completed his/her sentence in the above captioned case and now requests the court dismiss & seal/redesignate the conviction.

**3. WAIVER OF HEARING BY ORIGINAL SENTENCING JUDGE**

- Petitioner/applicant waives the right to have this matter heard by the original sentencing judge. The presiding judge of the court may designate any judge to rule on this matter.

**4. WAIVER OF APPEARANCE**

- Petitioner/applicant understands there is a right to personally attend any hearing held in this matter. Petitioner/applicant gives up that right; the matter may be heard without his/her appearance.

Dated: \_\_\_\_\_



\_\_\_\_\_  
SIGNATURE OF PETITIONER/APPLICANT

**Form CR-401 (Proof of Service for Petition/application adult crimes) may be used to provide proof of service of this petition/application.**