

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE:	
THE PEOPLE OF THE STATE OF CALIFORNIA v. DEFENDANT: CDC OR ID NO.:	CASE NUMBER:
<b>PETITION FOR RESENTENCING BASED ON HEALTH CONDITIONS DUE TO MILITARY SERVICE LISTED IN PENAL CODE SECTION 1170.91(b)</b>	<b>FOR COURT USE ONLY</b> DATE: TIME: DEPARTMENT:

**Instructions** (if you are filing for yourself): File this petition with the same court where you were sentenced. File a separate petition for each case in which you are asking for resentencing. "Petitioner" as used in this form refers to you.

1. Petitioner (*the defendant named above*) is currently serving a sentence for the felony conviction listed below.
  - a. ☐ Petitioner is currently in jail or prison.
  - b. ☐ Petitioner is on supervision (for example, probation, parole, PRCS, mandatory supervision) because of the conviction.
2. On (*date of conviction*): \_\_\_\_\_, petitioner was convicted of the following felony offenses:

Code ( <i>Penal, Vehicle, etc.</i> )	Section	Name of offense

☐ Check here if additional space is needed for listing offenses and use *Attachment to Judicial Council Form* (form MC-025) to list the information requested.

3. Military service (*choose one*)
  - a. ☐ Petitioner was a member of the U.S. military. Petitioner served in (*branch of military*): \_\_\_\_\_  
 from (*date of entry into military*): \_\_\_\_\_ until (*last date served in the U.S. military*): \_\_\_\_\_
  - b. ☐ Petitioner is currently a member of the U.S. military. Petitioner serves in (*branch of military*): \_\_\_\_\_  
 and petitioner's entry date was: \_\_\_\_\_
4. As a result of military service, petitioner may be suffering from the following health conditions (*check all that apply*):
 

☐ Sexual trauma

☐ Post-traumatic stress disorder (PTSD)

☐ Traumatic brain injury (TBI)

☐ Substance abuse

☐ Mental health problems (*list or describe*): \_\_\_\_\_
5. ☐ When petitioner was sentenced, the judge did not consider the circumstance of suffering from all of the above health conditions resulting from petitioner's military service as a mitigating factor in deciding the sentence.
6. ☐ Petitioner has new evidence about a health condition that was discovered after sentencing.
7. Petitioner was not convicted of, or does not have one or more prior convictions for, an offense that is listed in Penal Code section 667(e)(2)(C)(iv) or an offense requiring sex offender registration under Penal Code section 290(c).

Date: \_\_\_\_\_

SIGNATURE OF PETITIONER OR ATTORNEY

**Proof of Service (form CR-106) may be used to provide proof of service of this petition.**