ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name & Address)*:	*FOR COURT USE ONLY*
Telephone No.: Fax No. (Optional): E-Mail Address (Optional): ATTORNEY FOR *(Name):* Bar No:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF HUMBOLDT 825 FIFTH STREET EUREKA, CA 95501	
In the Matter of the Application of _____ Type Petitioner's full name – First Middle Last and Suffix, if applicable Date of Birth: CII Number:	
NOTICE OF FILING OF PETITION FOR CERTIFICATE OF REHABILITATION AND PARDON (Penal Code § 4852.07)	CASE NUMBER:

To the Governor of the State of California:

To the District Attorney, County of_____;
County of Petitioner's Residence

To the District Attorney, County of_____;
County of most recent qualifying conviction, if different from ***County of Residence***

To the District Attorney, County of_____;
County of 2nd most recent qualifying conviction, if applicable

To the District Attorney, County of_____;
County of 3rd most recent qualifying conviction, if applicable

On_____ the undersigned has filed a petition in the above mentioned court for a
Date of Filing

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.

The petition will be heard on_____ at_____ in Department_____at the Superior Court
Date of Hearing Time Department

of California, County of Humboldt.

_____
Date

_____
SIGNATURE OF PETITIONER

_____
TYPE OR PRINT NAME OF PETITIONER

_____
Petitioner's Address:

_____
City, State, ZIP