

**IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA
IN AND FOR THE COUNTY OF _____**

County Where Petition is Filed

In the Matter of the Application of _____

Court use only

Type Applicant's Full Name – First, Middle, Last, and Suffix _____

Date of Birth _____
Month Day, Year _____

CII Number _____

Criminal Case Number _____
List all applicable Case Numbers _____

**NOTICE OF FILING OF PETITION FOR CERTIFICATE OF
REHABILITATION PARDON**

Pursuant to Penal Code sections 4852.01 and 4852.06

To the:

District Attorney, County of _____;
County where Petition is Filed _____

District Attorney, County of _____;
County of Conviction, if different from above _____

District Attorney, County of _____;
County of Conviction, if different from above _____

District Attorney, County of _____;
County of Conviction, if different from above _____

You and Each of You will please take notice that on the _____ day of _____,
Day of Filing _____ Month, Year _____

the undersigned filed a petition in the above-mentioned court 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 the petition has, by the court, been set

for a hearing on the _____ day of _____ to start
Day of Hearing _____ Month, Year _____

at _____ a.m. p.m., or as soon as the matter can be heard, in its courtroom,
Time of Hearing _____

department _____ at the courthouse in the City of _____,
Department _____ City where Hearing will be Held _____

County of _____, State of California.
County where Hearing will be Held _____

Applicant's Signature

Month Day, Year

Applicant's Street Address

Applicant's City, State and ZIP Code

AFFIDAVIT OF SERVICE BY MAIL

STATE OF CALIFORNIA

City of _____, County of _____

I, _____ being first duly sworn, deposes and says:

I am a citizen of the United States, am over the age of 18 years, and am not a party to the above-entitled proceedings. I am a resident of the County of _____, _____
County of Residence
State of California.

My residence business address is: _____
Street Address

City, State and ZIP Code

On the _____ day of _____, I served the attached Notice to
Day of the Month Month, Year
each person listed below:

Full Name-First, Last and Suffix	Street Address	County
Full Name-First, Last and Suffix	Street Address	County
Full Name-First, Last and Suffix	Street Address	County
Full Name-First, Last and Suffix	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 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

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***, Penal Code section 4852.07 requires that you distribute one (1) copy to:
 - the District Attorney in the county where you filed your ***Petition for Certificate of Rehabilitation and Pardon***, and;
 - the District Attorney of each 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 these individuals ***at least thirty days prior*** to the date set for your hearing. (Pen. Code, § 4852.07.) You may do so by using one or both of the following forms:
 - ***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***, 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, you may do so by using 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 each individual, personally or by mail, file the 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, with the Superior Court in the county in which you filed your petition.