

**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

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.