

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

Applicant's County of Residence

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 Criminal Numbers

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

Pursuant to Penal Code Sections 4852.01 and 4852.06

To the Governor of the State of California:

District Attorney, County of _____ ;
County of Residence

District Attorney, County of _____ ;
Most recent felony in county of conviction, if different from *County of Residence*

District Attorney, County of _____ ;
2nd most recent felony in county of conviction, if applicable

District Attorney, County of _____ ;
3rd most recent felony in county of conviction, if applicable

You and Each of You Will Please Take Notice That On the _____ day of _____ ;
Date you filed your *Petition for Certificate of Rehabilitation and Pardon*

The undersigned has filed a petition in the above-mentioned court or courts 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 said petition has, by said court, been set for a hearing on the _____ day of the _____ to commence
Day of Hearing Month, Year

at _____ a.m. p.m., of said day, or as soon as the matter can be heard, in
Time of hearing

its courtroom, department _____ at the courthouse in the city of
Department

_____, county of _____, state of California.
City where hearing will be held 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 _____, State of California.

County of Residence

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 Middle and Suffix	_____ Street Address	_____ County
_____ Full Name-First Middle and Suffix	_____ Street Address	_____ County
_____ Full Name-First Middle and Suffix	_____ Street Address	_____ County
_____ Full Name-First Middle 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

**Governor's Office
State Capitol
Legal Affairs Division**

Full Name of Governor's staff - TYPED or PRINTED

Governor's staff - SIGNATURE

Governor's staff - TITLE

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

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 Governor of California;
 - the District Attorney in your county of residence 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 this 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 reside.