

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA
IN AND FOR THE COUNTY OF MADERA

FOR COURT USE ONLY

In the Matter of the Application of

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

Date of Birth:

CII Number:

Criminal Case Number:

List all applicable Criminal Numbers

NOTICE OF FILING OF PETITION FOR CERTIFICATE OF REHABILITATION PARDON

Pursuant to Penal Code §§4852.01, 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 for petition for Certificate of Rehabilitation and Pardon

The undersigned has filed a petition in the above-entitled court or courts for a Certificate of Rehabilitation and Pardon in accordance with the provisions of Chapter 3.5, Title 6, Part 3 of the Penal

Code of the State of California, and that the said petition has, by said court, been set for hearing on

the day of , 20 , at the hour of .m. of said day, Day of Hearing Month, Year Time of hearing

Or as soon as the matter can be heard, in its courtroom Dept. at the courthouse in the city of Department

, County of , State of California. City 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 \_\_\_\_\_, I served the attached Notice to each person listed below:  
Day of the Month Month, Year

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 – 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

<b>INSTRUCTIONS</b>
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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 (Page 2 of this document)** – 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 (Page 3 of this document)** – 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 reside.