

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>): TELEPHONE NO: _____ FAX NO.: _____ E-MAIL ADDRESS (<i>optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA • COUNTY OF MADERA Juvenile Division 200 South G Street Madera, CA 93637	
In the Matter of:	
RESPONSE BY DISTRICT ATTORNEY TO PETITION TO TERMINATE SEX OFFENDER REGISTRATION (PC §290.5)	CASE NUMBER:
FOR COURT USE ONLY	
Date:	Time:
Department:	

1. Petitioner's Information

This is a response to a petition filed by:

a. Name: _____
Last
First
Middle

Date of birth: _____ (*mm/dd/yyyy*)

CSAR Petition No.:

b. The district attorney objects to granting the petition and requests a hearing because (*check all that apply*):

- (1) Community safety would be significantly enhanced by the petitioner's continued registration.
- (2) Petitioner has not met the requirements of Penal Code section 290(e).

c. The district attorney requests the petition be summarily denied because (*check all that apply and state reasons for summary denial*):

(1) Petitioner has not fulfilled the filing and service requirements of Penal Code section 290.5 because:

(2) There are pending charges against petitioner that could extend the time to complete the registration requirements of the tier or change petitioner's tier status: _____

(3) Petitioner is in custody or on parole, probation, or supervised release: _____

(4) Petitioner is in Tier 1 and has not met the mandatory minimum registration period for that tier.

(5) Other:

d. This response has been served on the petitioner or counsel at the address set forth on the petition.

Date: _____

(*Printed name, office address, and phone number of
district attorney/district attorney's representative*)

(*Signature of district attorney/district attorney's
representative*)