

**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 \_\_\_\_\_;  
2<sup>nd</sup> most recent felony in county of conviction, if applicable

District Attorney, County of \_\_\_\_\_;  
3<sup>rd</sup> 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 I 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.