ATTORNEY OR PARTY	WITHOUT ATTORNEY (Name, state bar number, and Address:)		FOR COURT USE ONLY	
TELEPHONE NO .:	FAX NO.:			
EMAIL ADDRESS (Op	tional):			
ATTORNEY FOR (Nan				
SUPER	IOR COURT OF CALIFORNIA, COUNTY OF FRESNO			
	(559)			
DEFENDANT/RESPON	IDENT:			
Application for Reduction of Felony Conviction -			CASE NUMBER:	
Prop	position 47 (Safe Neighborhoods and Schools Act)			
Name:				
Aliases:		-		
Date of Birth:		-		
Address:		(street)		
///////////////////////////////////////	(city) (state)	_ ` ` `	(zip code)	
Telephone No.:				
CI & I No.:				
CDCR No.:				
-	ourt Case Numbers for which you are applying for reduction		te of sentencing and	
	d (Please do not give DA numbers or law enforcement nu	-		
Case No.:	Date of Sentencing:		Term Imposed:	
Case No.:	Date of Sentencing:		Term Imposed:	
Case No.:	Date of Sentencing:	Term Imposed:		
Case No.:	Date of Sentencing:	Term Imposed:		
Case No.:	Date of Sentencing:	Term Im	posed:	
these conviction assidemeanors u	-noted cases, for which I am applying for a reduc tion, I s and some or all of my convictions were for offenses nder the Safe Neighborhoods and Schools Act, i.e. vic 1357, or 11377, or Penal Code sections 459.5, 473, 476a, 490	s which work work would be written which we want the second second second second second second second second se	vould now be punishable Health and Safety Code	
and I am not req	convicted of any of the offenses specified in Penal Code s uired to register pursuant to Penal Code section 290, subdi 1 hearing on my application:		7, subdivision (e)(2)(C)(iv),	
	the Instructions for Completing Petition for Recall and Resolution may be heard by a judge assigned by the Presidi			
l certify (or decla and correct:	re) under penalty of perjury under the laws of the State of	California	that the foregoing is true	
Dated:	Petitioner:			