ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO. NAME: FIRM NAME: CITY: STATE: ZIP CODE: TELEPHONE NO.: Fax No.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
PEOPLE OF THE STATE OF CALIFORNIA V. DEFENDANT: Date of Birth:	
RESPONSE TO PETITION/APPLICATION - ADULT CRIMES (Health and Safety Code §11361.8) ☐ FOR RESENTENCING OR DISMISSAL (H&S §11361.8(a)) ☐ REDESIGNATION OR DISMISSAL/ SEALING (H&S 11361.8(e))	CASE NUMBER: DISTRICT ATTORNEY NO.

INSTRUCTIONS

* The prosecuting agency shall complete all portions of this form.
* The completed form shall be filed and served within 30 days of service of the Petition.

☐ The prosecuting agency stipulates to the court granting the petition without a hearing as to the following convictions:_____.

☐ The prosecuting agency objects to the granting of the petition/application as to the following convictions: _____.

The reason for objection is:

☐ Petitioner/applicant was not convicted of an eligible offense: _____

_____

☐ Other: _____

☐ The prosecuting agency objects to the granting of the petition/application because, although he/she is eligible for relief, Petitioner/applicant presents an unreasonable risk of danger to public safety if he/she is resentenced.

Dated:

_____
Signature of attorney for prosecuting agency