ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, State Bar number, and address*): TELEPHONE NO: FAX NO. (Optional) E-MAIL ADDRESS (*Optional*): ATTORNEY FOR (*Name*):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ STREET ADDRESS: 701 Ocean Street, Room 120 MAILING ADDRESS: 701 Ocean Street, Room 120 CITY AND ZIP CODE: Santa Cruz, CA 95060 BRANCH NAME:	
The People of the State of California vs. Defendant:	
MOTION TO REDUCE FELONY TO A MISDEMEANOR Penal Code §17(b)	CASE NUMBER: **Date:** **Time:** **Dept:**

Defendant requests that the felony conviction in this case be reduced to a misdemeanor.

1. On _____ the defendant was convicted of (list charges resulting in felony convictions)_____

2. The offense was a felony with a sentence other than imprisonment in a state prison or imprisonment in a county jail under Penal Code § 1170(h).

3. ☐ Probation was granted for a period of _____.
   a. The probation granted was ☐ formal (supervised) ☐ informal (unsupervised/conditional sentence)
   b. ☐ The probation term expired on: _____.
   c. ☐ Probation was terminated early on: _____.
   d. ☐ Defendant successfully completed all terms of probation.

4. ☐ The minute order from the sentencing date states that defendant can request the reduction from a felony to a misdemeanor after: _____
   _____
   _____
   _____
   _____

5. Good cause exists to reduce my felony to a misdemeanor for the following reasons (state facts that show the court why the conviction should be reduced. Attach additional pages if necessary.)
   _____
   _____
   _____

Case Name:	Case Number:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

6. Additional pages attached _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date:

_____ _____
Type or Print Name Signature of Petitioner

Date:

_____ _____
Type or Print Name of Attorney for Petitioner Signature of Attorney for Petitioner