

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> ):  TELEPHONE NO: _____ FAX NO. (Optional) _____ E-MAIL ADDRESS ( <i>Optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ</b> 701 Ocean Street, Room 120 Santa Cruz, CA 95060 Santa Cruz Branch	
THE PEOPLE OF THE STATE OF CALIFORNIA vs. DEFENDANT: _____	
<b>MOTION TO REDUCE FELONY TO A MISDEMEANOR</b> 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: \_\_\_\_\_

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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. Continued on page 2. Attach additional pages if necessary.)

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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