

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>): _____	
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: _____	
PETITION TO SEAL AND DESTROY ARREST RECORDS Penal Code §851.8	CASE NUMBER: _____ Date: _____ Time: _____ Dept: _____

Petitioner requests that the Court order the sealing and destruction of the following arrest records:

1. Information relating to the arrest:

Last	First	Middle
Name:		
Date of Birth:	Driver's License No:	
Date of Arrest:	Arresting Agency:	
Booking No:	Charges:	
Disposition:		

2. The offense was a Misdemeanor Felony
3. No complaint was filed. Petitioner has previously petitioned the arresting agency:
- a. The petition was denied on: _____. A copy of the petition is attached (BCII 8270).
- b. It has been over 60 days and I have not received a response to my petition dated: _____.
 A copy of the submitted petition is attached (BCII 8270).
- i. The copy is stamped received by both agencies to show date of delivery.
- ii. A completed Proof of Service is attached.
4. A complaint was filed on _____. The case was dismissed on _____.
5. Petitioner requests relief from the two year time restriction (Pen. Code 851.8 (I)) because:
- _____
- _____
- _____

Case Name:	Case Number:
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6. Showing of factual innocence: No reasonable cause exists to believe that the Petitioner committed the offense for which the arrest was made based on (please state facts and attach supporting documentation, if any, showing no reasonable cause existed. Attach additional pages, if necessary) _____

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

Case Name:	Case Number:
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PROOF OF SERVICE

Personal Service **Service by Mail**

1. Person serving: I am over the age of 18 and not a party to this action.

Name:

Address:

Telephone:

2. I served a copy of the Petition to Seal and Destroy Arrest Records and the Order Sealing and Destroying Arrest Records as follows (check one):

a. **Personal Service:** On (date) _____ at (time) _____ I personally delivered a copy of the Petition to Seal and Destroy Arrest Records and the Order Sealing and Destroying Arrest Records to the Office of the District Attorney, 701 Ocean Street Room 200, Santa Cruz, CA 95060.

b. **Service by Mail:** On (date) _____ at (city, state) _____ I deposited a copy of the Petition to Seal and Destroy Arrest Records and the Order Sealing and Destroying Arrest Records in the United States mail in a sealed envelope with first class postage fully prepaid addressed to the Office of the District Attorney, 701 Ocean Street Room 200, Santa Cruz, CA 95060.

3. I served a copy of the Petition to Seal and Destroy Arrest Records and the Order Sealing and Destroying Arrest Records as follows (check one):

a. **Personal Service:** On (date) _____ at (time) _____ I personally delivered a copy of the Petition to Seal and Destroy Arrest Records and the Order Sealing and Destroying Arrest Records to:

- (1) Law Enforcement Agency:
- (2) Address where served:

b. **Service by Mail:** On (date) _____ at (city, state) _____ I deposited a copy of the Petition to Seal and Destroy Arrest Records and the Order Sealing and Destroying Arrest Records in the United States mail in a sealed envelope with first class postage fully prepaid. The envelope was addressed as follows:

- (1) Law Enforcement Agency:
- (2) Address where mailed:

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 Declarant