ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address)	(COURT USE ONLY)
Telephone No.:	
Attorney for (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO Street Address	
Mailing Address: (Same as Above)	
City and Zip Code:	
Branch Name: Juvenile Delinquency Court PLAINTIFF:	<u> </u>
PEOPLE OF THE STATE OF CALIFORNIA	
CASE NAME:	CASE NUMBER:
DETITION FOR RECENTENDING (HIVENILE)	
PETITION FOR RESENTENCING (JUVENILE) (PC 1170.18)	
,	
1. The attorney/petitioner in the above-entitled case requests that, p	ursuant to Bonal Codo \$1170 19, the
following felony violation(s) be designated as misdemeanor(s):	disdant to Fenal Code 31170.16, the
Tollowing Tolony Molation (b) be adolgnated as misasimoanion (b).	
2. The petitioner alleges he/she: (check a, b or c):	
1. a. \square has completed his/her sentence and is entitled to have the	felony conviction(s) designated as a
misdemeanor(s).	
b. is still serving his/her sentence on the above felony violation	n(s) and is petitioning for resentencing
The petitioner is currently:	
i. 🔲 in-custody	
ii. out of custody	
_ •	the above autiliarians
c. is currently participating in a collaborative court program on	the above-entitled case.
3. I have served a copy of this petition on the San Bernardino Count	ty District Attorney.
Date:	
(Type or Print Name) (Signature	of Petitioner or Attorney)
(Signature)	OF FULLOTIES OF AUDITIES)