ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address): NAME: ADDRESS: CITY, STATE, ZIP:	FOR COUR	T USE ONLY
TELEPHONE NO: FAX NO. (Optional): EMAIL ADDRESS (Optional): ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA COUNTY OF SANTA CRUZ		
701 Ocean Street, Room 120 Santa Cruz, CA 95060		
THE PEOPLE OF THE STATE OF CALIFORNIA: vs. DEFENDANT:		
PETITION TO SEAL ARREST RECORDS	CASE NUMBER:	
Penal Code §§ 851.8 (FACTUAL INNOCENCE)	HEARING DATE:	
	TIME:	DEPT:

Petitioner requests the Court order the sealing and destruction of the record of arrest under Penal Code §851.8 (Factual Innocence)

1. Fill in the information relating to the arrest. Do not leave blank boxes. If the information is unknown, please indicate in the appropriate box.

Last	First	Middle	
Name:			
Date of Birth:	Dr	iver's License No:	
Date of Arrest:	Ar	resting Agency:	
Booking No:	Cł	narges:	
Disposition:			
of Justice form BCIA 8270:		ed the arresting agency by filing the Department	
	A. The petition was denied on: A copy is attached B. It has been over 60 days and I have not received a response to my petition dated:		
A copy is attached.			
i. The copy is stamped received by both agencies to show date of delivery.			
ii. A completed Proof of Service is attached.			
B. A complaint was filed on	A complaint was filed on The case was dismissed on		
. Petitioner requests relief from	the two-year time restriction	on (Penal Code 851.8(I)) because:	

PEOPLE OF THE STATE OF CALIFORNIA vs.	CASE NUMBER:
DEFENDANT:	

5. No reasonable cause exists to believe that the Petitioner committed the offense for which the arrest was made. A statement of facts is below on attachment, and supporting documentation attached showing factual innocence. (Attach additional pages as necessary)

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

Date:

Print Name of Petitioner or Attorney for Petitioner

Signature

PETITION TO SEAL ARREST RECORDS