

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address): NAME: ADDRESS: CITY, STATE, ZIP: TELEPHONE NO: FAX NO. (Optional): EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
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 Penal Code §§ 851.8 (FACTUAL INNOCENCE)	CASE NUMBER: 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:	Driver's License No:	
Date of Arrest:	Arresting Agency:	
Booking No:	Charges:	
Disposition:		

2. No complaint was filed. Petitioner has previously petitioned the arresting agency by filing the Department of Justice form BCIA 8270:
 - 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.
3. A complaint was filed on _____. The case was dismissed on _____.
4. Petitioner requests relief from the two-year time restriction (Penal Code 851.8(l)) because: _____

