

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):	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ 701 Ocean Street, Room 120 Santa Cruz, CA 95060 Santa Cruz	
THE PEOPLE OF THE STATE OF CALIFORNIA vs. DEFENDANT:	
MOTION TO REDUCE FELONY TO A MISDEMEANOR 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: _____

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.)
