

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101	<i>FOR COURT USE ONLY</i>
PLAINTIFF PEOPLE OF THE STATE OF CALIFORNIA	
DEFENDANT	
REQUEST FOR RECALL OF SENTENCE AND RESENTENCING	CASE NUMBER

Defendant's Date of Birth: _____ California Dept. of Corrections and Rehabilitation (CDCR) No.: _____
 CDCR Mailing Address: _____

I. CASE INFORMATION

Charges, Allegations, and Enhancements: _____

 Date of Offense: _____ Date of Conviction: _____
 Plea or Trial: _____ Date Sentenced: _____
 Length of Sentence: _____ Appeal Pending Yes No
 Expected Release Date: _____

II. PROCEEDINGS SINCE ORIGINAL SENTENCING

A. Have any other petitions, applications, or motions been filed with respect to the sentence? Yes No
 If yes, explain the nature of the proceedings and the outcome: _____

 B. Has the sentence been modified or recalled and resentenced? Yes No. If yes, when: _____
 New sentence imposed: _____

III. CHANGES IN THE LAW (STATUTORY OR CASE LAW) SINCE SENTENCING THAT APPLY TO THIS CASE

IV. REASONS TO GRANT RELIEF

For the following reasons, it is in the interests of justice that the sentence be recalled. Additional information and documentation can be provided upon request.

- I hereby request appointment of counsel.
- Continued on attachment.

Date: _____

 Signature of Defendant