

**NOTICE OF INTENTION
TO APPLY FOR EXECUTIVE CLEMENCY**
Commutation of Sentence

Pursuant to Penal Code Sections 4804

District Attorney, County of _____ ;
Most recent felony County of Conviction

Please Take Notice that I, _____
Full Name – First Middle Last and Suffix, if applicable

convicted of the crime of _____ ,
Cite Offense and Penal Code Section Number

in the Superior Court of the County of _____ , State of California, and
County of Conviction

Sentenced by said Court on the _____ day of _____ , to serve a(n)
Day Month, Year

___ Indeterminate sentence of _____ years to Life,
Minimum Number of Years

___ Determinate sentence of _____ to _____ years,
Minimum Number of Years Maximum Number of Years

will submit an application to Honorable _____ , Governor of the State of California,
Governor's Name – First and Last

requesting a ___ Traditional Pardon ___ Reduction of Conviction Level ___ Reduction of Sentence
 ___ Release from Prison ___ Discharge from Parole ___ Declaration of Innocence
 ___ OTHER (If Other, *BRIEFLY EXPLAIN*)

Full Name of Applicant – TYPED or PRINTED

Applicant's – SIGNATURE

Month Day, Year

Applicant's Street Address

Applicant's City, State ZIP Code

() _____
Applicant's Work Phone Number

() _____
Applicant's Home Phone Number

AFFIDAVIT OF SERVICE BY MAIL

STATE OF CALIFORNIA

City of _____, County of _____

I, _____ being first duly sworn, deposes, and says:
Full Name – First Middle Last and Suffix, if applicable

I am a citizen of the United States, am over the age of 18 years, and am not a party to the above-entitled proceeding. I am a resident of the County of _____, State of California.
County of Residence

My ___ residence ___ business residence address is _____
Street Address

City, State ZIP Code

On the _____ day of _____, I served the attached Notice to each person listed below:
Day of the Month Month, Year

- | | | |
|--|----------------|--------|
| _____ | _____ | _____ |
| Full Name – First Middle, Last and Suffix, if applicable | Street Address | County |
| _____ | _____ | _____ |
| Full Name – First Middle, Last and Suffix, if applicable | Street Address | County |
| _____ | _____ | _____ |
| Full Name – First Middle, Last and Suffix, if applicable | Street Address | County |
| _____ | _____ | _____ |
| Full Name – First Middle, Last and Suffix, if applicable | Street Address | County |

by placing a copy of this Notice in a sealed envelope and mailing it first class, postage pre-paid to each person as listed above. There is a delivery service by United States mail at each of the places so addressed, or there is a regular communication by mail between the place of mailing and each of the places so addressed.

Subscribed and sworn to before me this _____ *day of* _____ .
Day of the Month Month, Year

Full Name of Notary Public – TYPED or PRINTED Notary Public – SIGNATURE

In and for the City of _____, *County of* _____, California.

NOTICE OF SERVICE IN PERSON

Receipt of copy of this Notice is hereby admitted this _____ day of _____ .
Day of the Month Month, Year

**Governor's Office
State Capitol
Legal Affairs Division**

Full Name of Governor's staff – TYPED or PRINTED Governor's staff – SIGNATURE

Governor's staff – TITLE Month Day, Year

Receipt of copy of this Notice is hereby admitted this _____ day of _____ .
Day of the Month Month, Year

Full Name of District Attorney staff – TYPED or PRINTED District Attorney staff – SIGNATURE

County District Attorney Month Day, Year

Receipt of copy of this Notice is hereby admitted this _____ day of _____ .
Day of the Month Month, Year

Full Name of District Attorney staff – TYPED or PRINTED District Attorney staff – SIGNATURE

County District Attorney Month Day, Year

Receipt of copy of this Notice is hereby admitted this _____ day of _____ .
Day of the Month Month, Year

Full Name of District Attorney staff – TYPED or PRINTED District Attorney staff – SIGNATURE

County District Attorney Month Day, Year

Receipt of copy of this Notice is hereby admitted this _____ day of _____ .
Day of the Month Month, Year

Full Name of District Attorney staff – TYPED or PRINTED District Attorney staff – SIGNATURE

County District Attorney Month Day, Year