

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN JOAQUIN	
Street Address: 535 W. Mathews Road, French Camp, CA 95231 Mailing Address: 535 W. Mathews Road, French Camp, CA 95231 Telephone no: (209) 992-5698	
<i>PLAINTIFF</i> THE PEOPLE OF THE STATE OF CALIFORNIA	
DEFENDANT:	
Petition to Terminate Sex Offender Registration (Pen. Code § 290.5)	CASE NUMBER:

- Before using this form, read *Frequently Asked Questions: California Tiered Sex Offender Registration (Senate Bill 384) For Registrants* available on the Department of Justice website, <https://www.oag.ca.gov/sites/all/files/agweb/pdfs/csor/registrant-faqs.pdf>.
- Petitioner must continue to register as a sex offender until a court terminates the registration requirement.
- A copy of this petition and proof of current registration must be served on the proper law enforcement agencies and district attorney offices. The petition may be denied if service is not complete.

1. Petitioner's Information

- a. Name: _____
Last
First
Middle
- Date of birth: _____ (mm/dd/yyyy)
- b. Attorney assisting with the petition (if any)
 Attorney Name: _____
 Firm: _____
 State Bar No.: _____
- c. Contact information (IMPORTANT: You may be contacted about this matter at the address or phone listed below):
 Check if attorney's contact information
- _____
 Street
- _____ Phone: _____
- City State Zip
- d. If there is a hearing, petition requests an interpreter in
 (*language*): _____

2. Registration Status and Information

- a. Petitioner is **currently registered** as a sex offender in California in the county of:

- b. Identify the court in which petitioner was convicted of an offense requiring sex offender registration in California (e.g., specific California court, federal district court, other state court):

- c. This petition is being filed on or after petitioner’s next birthday after July 1, 2021, following the expiration of petitioner’s mandated minimum registration period.
- d. Proof of current registration is attached.

3. Termination Request

- a. Petitioner requests termination of the requirement to register as a sex offender in California.

4. Pending Charges

- a. To my knowledge, there are no pending charges against petitioner that could extend the time to complete the registration requirements of petitioner’s tier or change petitioner’s tier status.

5. Custody Status

- a. Petitioner is not in custody

6. Supervision Status

- a. Petitioner is not on parole, probation, post-conviction supervised release, or any other form of supervised release.

7. Tier Designation and Eligibility

Petitioner was designated by the Department of Justice in the following tier and has registered for the following number of years:

- a. Tier 1 (Juvenile)
 - i. Petitioner has registered for at least 5 years.
- b. Tier 2 (Juvenile)
 - i. Petitioner has registered for at least 10 years.

8. Previous Petition

- a. Petitioner (*check one*) has has not previously filed a Penal Code section 290.5 petition in California for Termination of a sex offender registration requirement that was denied by the court.
- b. The previous petition was denied in (*case number*): _____, in the Superior Court of California, County of _____, on (*date*): _____
- c. The court set _____ (*years*) _____ (*months*) as the time period after which petitioner may request termination again.

9. Service

A copy of this petition and the proof of current registration was served on the following agencies (include the name or county of the agency and the address where the petition and proof of current registration was served):

Agency Name	Service
Registering law enforcement agency: Name of agency: _____ Address: _____	Date of service: _____ Method: <input type="checkbox"/> Mail <input type="checkbox"/> in-person <input type="checkbox"/> electronic
District attorney (county of resignation): County: _____ Address: _____	Date of service: _____ Method: <input type="checkbox"/> Mail <input type="checkbox"/> in-person <input type="checkbox"/> electronic
Law enforcement agency (county of conviction): Name of agency: _____ Address: _____	Date of service: _____ Method: <input type="checkbox"/> Mail <input type="checkbox"/> in-person <input type="checkbox"/> electronic
District attorney (county of conviction): County: _____ Address: _____	Date of service: _____ Method: <input type="checkbox"/> Mail <input type="checkbox"/> in-person <input type="checkbox"/> electronic

10. Registration Period

Petitioner believes that they have met the requirements to register for the time period required by petitioner’s tier designation.

I declare that the information provided is true and correct, except as to matters that are stated on my information and belief, as to those matters, I believe them to be true.

Dated:

Printed name of petitioner or attorney

Signature of petitioner or attorney