ATTORNEY OR PARTY WITHOUT ATTORNEY		STATE BAR NUM	BER:	FOR COURT USE ONLY
NAME:				
FIRM NAME:				
STREET ADDRESS:				
CITY:		STATE:	ZIP CODE:	
TELEPHONE NO.		FAX NO.:		
EMAIL ADDRESS:				
ATTORNEY FOR (name):			
SUPERIOR COL	JRT OF CALIFORNIA, COUI			
STREET ADDRESS:				
MAILING ADDRESS:				
CITY AND ZIP CODE:				
BRANCH NAME:				
NAME OF PERSON ELIGIBLE FOR AUTOMATIC RECORD RELIEF: Date of Birth:				Fill out the case number if a criminal complaint was filed against the person eligible for automatic record relief, and there is a case number for that criminal case. DO NOT FILL THIS OUT IF AN ARREST HAPPENED BUT NO CRIMINAL COMPLAINT WAS FILED OR CHARGED IN COURT. CASE NUMBER.
NOTICE TO COURT OF AUTOMATIC RECORD RELIEF PURSUANT TO PENAL CODE SECTION 1203.425 OR 851.93				
	THIS FORM D	OES NOT REQU	IRE SERVICE TO AN	IY OTHER PARTY.
I, , believe that I am eligible for automatic record relief pursuant to (check the applicable reason below) and request the court to update the case record accordingly: PENAL CODE SECTION 1203.425 (for cases that resulted in conviction) On, I was convicted of violating:				
	Offense Charge	·		fense Level demeanor, Infraction)
I believe the California Department of Justice granted me an automatic conviction record relief for the above-entitled case pursuant to Penal Code section 1203.425 on PENAL CODE SECTION 851.93 (for arrests that did not result in conviction)				
On, I was arrested for violating:				
	Offense Charge			fense Level demeanor, Infraction)
I believe the California Department of Justice granted me an automatic arrest record relief for the above listed arrest(s) pursuant to Penal Code section 851.93 on				
I declare under penalty of perjury under the laws of the State of California that the foregoing statements are true and correct, except as to the matters that are stated on my information and belief, and as to those matters, I believe them to be true.				
Data:			•	
Date	· · · · · · · · · · · · · · · · · · ·			SIGNATURE