

**Court Cover Letter and Agency Certification—
Incarcerated Individual Hand Crew or
Institutional Firehouse Participant**

Clerk stamps date here when form is filed.

Address:

- Appropriate county authority (name):** _____
Address:

Superior Court of California, County of

Attached is a copy of a petition for relief under Penal Code section 1203.4b filed by:

Petitioner's Full Name:

Date of birth: _____ (*mm/dd/yyyy*)

CDCR No. (while in fire camp or institutional firehouse, if known):

Case Number:

Name of fire camp or institutional firehouse, if known:

Approximate dates in fire camp or institutional firehouse: _____ to _____
(month/year) (month/year)

Court Clerk: _____ Court Contact Information (*optional*): _____
Agency Certification

Date:

Agency:

Type or print your name

Signature of Agency Representative