

Items with * must be completed.

Personal Information

SAN DIEGO COUNTY PUBLIC DEFENDER FRESH START PROGRAM

REQUEST FOR ASSISTANCE

Para Español, haga clic aquí

Date*:

All requests <u>must</u> be in writing. Please fill out both pages of this form as completely as possible. **All information will be kept confidential**. Once you submit this form, we will contact you to discuss your Fresh Start options.

Last Name*			First Name*			Middle Name				
Other Names Use	ed				Veteran?	Y/N				
					YES:		NO:			
Birth Date* Birth Place			Social Security # (if availabl		Driver's License/Cal ID # (if available)					
Contact Inform	nation									
Mobile Phone* (if none, indicate NA)		Alternate Phone		E-mail Addre	dress* (if none, indicate NA)					
Street Address* (mailing address)		City*		State*	Zip Code*					
How do you prefe	er to be	Preferred Pronoun:								
History Report and potentiall Case Number		t if necessary. cord relief options, we will obtain a copy of your C y other court records on your behalf at no cost to Offense Type (example: drug possession, theft, DUI)								
		` '	<u> </u>							
Additional Information							Yes	No	I don't know	
	-		mal probation, post re		-				-	
•		-	le on any case in San [•	'				
Do you nave any	new charges pend	aing again	ist you in San Diego or	any other plac	cer					
•	ally only assist with cas	ses from Sar	r federal convictions? Diego County, but it is impose be available.)	ortant for us to kn	ow if you					
Are you seeking relief	because of a clinic/pro	esentation y	ou attended?							
If so, what clinic/prese	entation?									

I would like help with: (Check all that may apply. Do not be concerned if you do no your options. For more information visit http://bit.ly/Freshs	ot know what to ask for. We will review your record and advise you of StartSD.)	of
Expungement/Dismissal of a Conviction	Gang Documentation/Injunction Relief	
Reducing a Felony to a Misdemeanor	Human Trafficking Victim Conviction Relief	
Early Termination of Probation	Correcting Errors in my California DOJ (criminal history) report	
Certificate of Rehabilitation	Sealing an Adult Arrest Record	
Prop. 47 (reclassifying certain felony convictions to misdemeanors)	Getting my DNA out of the DNA Database	
Prop. 64 (reclassifying/dismissing certain marijuana offenses)	Dismissal/Sealing Petition for Successful PC1000 Participants	
PC290 (Sex Offender Registration) Relief	Immigration Relief	
Intimate Partner Violence/Sexual Violence Victim Conviction Relief	Other	

I'm not sure/Other (please describe your request):				
Why are you requesting help? Provide any additional information you want the attorney to know about your situation:				

Please check both boxes.

- *I understand the process could take many months.
- *I understand I may not qualify for any conviction relief.

OR RETURN COMPLETED FORM TO: Fresh Start Program

Office of the Public Defender 451 A Street, Suite 900 San Diego, CA 92101

E-mail: Fresh.Start@sdcounty.ca.gov

Fax: (619) 338-4811 (Attn: Fresh Start Program)