

SUPERVISING AGENCY (Name and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
IN THE MATTER OF (name of supervised person): _____ Date of birth: _____	
PETITION FOR REVOCATION <input type="checkbox"/> PAROLE (Pen. Code, §§ 3000.08, 1203.2) <input type="checkbox"/> PRCS (Pen. Code, §§ 3455, 1203.2) <input type="checkbox"/> PROBATION (Pen. Code, § 1203.2) <input type="checkbox"/> MANDATORY SUPERVISION (Pen. Code, §§ 1170(h)(5)(B), 1203.2)	SUPERVISING AGENCY NUMBER: COURT/CASE NUMBER:
<p style="text-align: center;">INSTRUCTIONS</p> <ul style="list-style-type: none"> • Before filing this form, petitioner should consult local rules and court staff to schedule the hearing in item 1. • Petitioner must note whether the petition applies to a parole (beginning July 1, 2013), postrelease community supervision, probation, or mandatory supervision matter by marking the appropriate check box above. 	

1. **HEARING INFORMATION:** A hearing on this petition for revocation has been scheduled as follows:

Date: _____	Time: _____	Dept.: _____
Location (if different than court address above): _____		

If an interpreter is needed, please specify the language:

2. **CUSTODY STATUS (Select one):** not in custody in custody (specify location): _____
 Booking number (if any): _____

3. **CONVICTION INFORMATION:**
 The supervised person was originally convicted of the following offenses:

on (date): _____ in case numbers (specify): _____
 in county of (specify): _____ and sentenced to (specify sentence): _____

4. **SUPERVISION INFORMATION:** The supervised person was released on supervision on (specify date): _____
 Name of current supervising agent or officer: _____
 Supervision is scheduled to expire on (i.e., the controlling discharge date is) (date): _____

5. **SPECIFIC TERMS AND CONDITIONS:** Petitioner alleges that the supervised person has violated the following terms and conditions of supervision (if more space is needed, please use Attachment to Judicial Council Form (MC-025)):

6. **SUMMARY:** The supervising agency established probable cause for the alleged violation on (date): _____
 The circumstances of the alleged violation are (if more space is needed, please use Attachment to Judicial Council Form (MC-025)):

7. **SPECIAL PAROLE STATUS** (check this box **only if the supervised person is subject to parole under Penal Code section 3000.1**):
 The supervised person is on parole under Penal Code section 3000.1. If the court determines that the person has violated parole, the court is required to remand the person to the custody of CDCR for future parole consideration. (Pen. Code, § 3000.08(h).)

I declare under penalty of perjury and to the best of my information and belief that the foregoing is true and correct.

Date: _____ By _____
NAME AND TITLE OF PETITIONER SIGNATURE OF PETITIONER