

1 [Your Name]  
2 [Your address, telephone and fax numbers]

3  
4  
5 Petitioner In *Propria Persona*

6  
7  
8 California Superior Court, \_\_\_\_\_County

9  
10  
11 People of California, ) Case No.: [**Case number**]  
12 )  
13 Plaintiff, ) Petition by [your name]  
14 vs. ) Requesting Finding of Factual  
15 ) Innocence and Issuance of  
16 ) Certificate of Identity Theft  
17 [**Defendant's name as it appears** )  
18 ) [Penal Code §§ 530.6 & 851.8,  
19 **in Court records**], ) California Rule of Court 4.601]  
20 )  
21 Defendant

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22  
23  
24 1. I, the Petitioner [insert your name] reasonably believe  
25 that I am a victim of the crime of identity theft.

26  
27  
28 2. Based on the facts set forth below, I request:  
a. A finding of factual innocence (Penal Code, §§ 530.6 and  
851.8), and  
b. Issuance of a *Certificate of Identity Theft: Judicial  
Finding of Factual Innocence*. (California Rule of Court  
4.601.)

1 3. If available, a copy of the report of the suspected crime of  
2 identity theft relating to my identity will be presented to the  
3 judge at the hearing of this petition. It is not attached here  
4 in order to protect the confidentiality of the personal  
5 information contained in that document.

6  
7 4. The following circumstances support this Petition:

8  
9 *[To Petitioner: Check boxes that apply to your circumstances and fill in*  
10 *corresponding blanks. Fully describe documents and bring originals or true*  
11 *and correct copies of the documents (certified if possible) to all hearings.]*

12  
13 a. An identity thief was cited in my name. I was not the  
14 person cited.

15 Date of citation: \_\_\_\_\_

16 Violation of Law Stated in Citation: \_\_\_\_\_

17 Citation Number: \_\_\_\_\_

18 Name and Address of Agency that Issued the Citation:  
19 \_\_\_\_\_  
20 \_\_\_\_\_

21 The original citation (or a true and correct copy of the  
22 citation), if in my possession, will be presented to the  
23 judge at the hearing of this petition. It is not attached  
24 here in order to protect the confidentiality of the  
25 personal information contained in that document.  
26  
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28

1 b. An identity thief was arrested, in my name. I am not the  
2 person arrested.

3 Date of arrest: \_\_\_\_\_

4 Name and Address of Arresting Agency: \_\_\_\_\_

5 \_\_\_\_\_

6 Arrest Warrant Number: \_\_\_\_\_

7 Name and Address of Agency that Issued the Warrant:

8 \_\_\_\_\_

9  
10 A true and correct copy of the warrant, if in my  
11 possession, will be presented to the judge at the hearing  
12 of this petition. It is not attached here in order to  
13 protect the confidentiality of the personal information  
14 contained in that document.  
15

16  
17  
18 c. An identity thief was convicted in my name of a crime. I  
19 am not the person convicted.

20 Date of conviction: \_\_\_\_\_

21 Crime involved (include section of law if known):

22 \_\_\_\_\_

23 Name and address of Court: \_\_\_\_\_

24 \_\_\_\_\_

25 Case Number: \_\_\_\_\_

26  
27 A certified copy of the Judgment of conviction will be  
28 presented to the judge at the hearing of this petition. It

1 is not attached here in order to protect the  
2 confidentiality of the personal information contained in  
3 that document.  
4

5  
6 d. A criminal complaint has been filed against an identity  
7 thief in my name. I am not the person named in the  
8 complaint:

9 Name and address of Court: \_\_\_\_\_  
10 \_\_\_\_\_  
11

12 Case Number: \_\_\_\_\_

13 Date Complaint was filed: \_\_\_\_\_

14 A certified copy of the Complaint will be presented to the  
15 judge at the hearing of this petition. It is not attached  
16 here in order to protect the confidentiality of the personal  
17 information contained in that document.  
18

19  
20 e. My identity has been mistakenly associated with a record  
21 of criminal conviction. I am not the person named in the  
22 record.

23 Date of conviction: \_\_\_\_\_

24 Name and address of Court: \_\_\_\_\_

25 Crime involved [include section of law if known]: \_\_\_\_\_  
26 \_\_\_\_\_  
27 \_\_\_\_\_  
28

1 A true and correct copy of the record of criminal  
2 conviction, if in my possession, will be presented to the  
3 judge at the hearing of this petition. It is not attached  
4 here in order to protect the confidentiality of the  
5 personal information contained in that document.  
6

7  
8 f. I was arrested for a crime committed by an identity thief  
9 using my name. I did not commit the crime.

10 Date of Arrest: \_\_\_\_\_

11 Name and Address of Arresting Agency:  
12 \_\_\_\_\_

13  
14 Arrest Warrant Number: \_\_\_\_\_

15 Agency that Issued the Warrant: \_\_\_\_\_

16 A copy of the warrant, if in my possession, will be  
17 presented to the judge at the hearing of this petition. It  
18 is not attached here in order to protect the  
19 confidentiality of the personal information contained in  
20 that document.  
21

22  
23 Date I served the petition (required by Penal Code section  
24 851.8) on the arresting agency: \_\_\_\_\_

25 Date I served that petition on the district attorney:  
26 \_\_\_\_\_

27  
28 Date that petition was denied: \_\_\_\_\_

1 A true and correct copy of the petition required by Penal  
2 Code section 851.8 (including any attachments) will be  
3 presented to the judge at the hearing of this petition. It  
4 is not attached here in order to protect the  
5 confidentiality of the personal information contained in  
6 the document.  
7

8  
9 5. There is no reasonable cause to believe that I committed the  
10 offense for which he identity thief was arrested, cited,  
11 convicted, or was the actual subject of a criminal complaint in  
12 my name; or there is no reasonable cause to believe that my  
13 identity has not been mistakenly associated with a record of  
14 criminal conviction.  
15

16 6. I will provide, to the judge, my basic personal  
17 identification information, such as my full name, date of birth,  
18 gender, weight, height, natural hair color, natural eye color,  
19 race, and age, as well as my driver's license, identification  
20 card, and passport (if available). However, such information is  
21 not included in this Petition in order to protect the  
22 confidentiality of that information.  
23

24 7. The following additional facts and/or described documents  
25 support this Petition: \_\_\_\_\_

26 (If necessary, attach a separate page marked "Attachment to Petition by [your  
27 name] Seeking Certificate of Identity Theft, Supporting Paragraph Number 6".)  
28

1 I declare under penalty of perjury under the laws of the state  
2 of California that the foregoing is true and correct.

3  
4 Dated this: **[Date]** \_\_\_\_\_


5 [Your name]  
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ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name and Address</i> ):  	TELEPHONE NO.:	<b>FOR COURT USE ONLY</b>
ATTORNEY FOR ( <i>Name</i> ): <b>NAME OF COURT:</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PLAINTIFF/PETITIONER:  DEFENDANT/RESPONDENT:		
<b>DECLARATION</b>		

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

.....  
 (TYPE OR PRINT NAME)

 \_\_\_\_\_  
 (SIGNATURE OF DECLARANT)  
 Petitioner/Plaintiff   
  Respondent/Defendant   
  Attorney  
 Other (*specify*):

(See reverse for a form to be used if this declaration will be attached to another court form before filing)



PLAINTIFF/PETITIONER:	CASE NUMBER:
DEFENDANT/RESPONDENT:	

*This form must be attached to another form or court paper before it can be filed in court.*

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

.....  
(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)

- Petitioner/Plaintiff   
 Respondent/Defendant   
 Attorney  
 Other (*Specify*):

(See reverse for a form to be used if this declaration is not to be attached to another court paper before filing)

1 [Your Name]  
2 [Your address, telephone and fax numbers]

3  
4  
5 Petitioner In *Propria Persona*

6  
7  
8 California Superior Court, \_\_\_\_\_County

9  
10  
11 People of California, ) Case No.: [**Case number**]  
12 )  
13 Plaintiff, )  
14 )  
15 vs. ) Proof of Service  
16 )  
17 [**Defendant's name as it appears** )  
18 )  
19 **in Court records**], )  
20 )  
21 Defendant )  
22 \_\_\_\_\_

23 1. I am 18 years of age or over and not a party to this action.

24 2. I personally delivered to the person identified in section 4,  
25 below, a copy of all documents checked below:

26 a. ? Petition by [your name] Requesting Finding of Factual  
27 Innocence and Issuance of Certificate of Identity Theft

28 b. ? Declaration of \_\_\_\_\_

c. ? Other (*specify*): \_\_\_\_\_

29 3. I gave copies of the documents checked in section 2, above,  
30 to the person identified in section 4, below, on:

31 a. Date: \_\_\_\_\_

32 b. Time: \_\_\_\_\_ ? a.m. ? p.m.

1 c. At this address: \_\_\_\_\_

2 4. Identity of person to whom documents checked in section 2,  
3 above, were delivered:

4 Name: \_\_\_\_\_

5 Position/Title: \_\_\_\_\_

6 5. Identity of the Person who served the documents checked in  
7 section 2, above:

8 Name: \_\_\_\_\_

9 Address: \_\_\_\_\_

10 Telephone: \_\_\_\_\_

11 *(If you are a process server):*

12 County of registration: \_\_\_\_\_

13 Registration number: \_\_\_\_\_

14

15 I declare under penalty of perjury under the laws of the State  
16 of California that the information above is true and correct.

17

18 Date: \_\_\_\_\_

\_\_\_\_\_ *[process server signs above]*

19

\_\_\_\_\_ *[print process server's name]*

20

21

22

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28

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):  TELEPHONE NO. (Optional): _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>          CASE NUMBERS: _____
<b>PEOPLE OF THE STATE OF CALIFORNIA</b> VS. DEFENDANT: _____	
<b>CERTIFICATE OF IDENTITY THEFT: JUDICIAL FINDING OF FACTUAL INNOCENCE</b> (Penal Code § 530.6)	

Warrant No. (if any): \_\_\_\_\_ Violation Date: \_\_\_\_\_

1. Petitioner Information:  
 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Sex:  M  F Ht.: \_\_\_\_\_ Wt.: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_ Age: \_\_\_\_\_  
 Booking No.: \_\_\_\_\_ Driver's License or Identification No.: \_\_\_\_\_  
 Other Identifying Information: \_\_\_\_\_

2. The court finds that:  
 Another person was arrested for or convicted of a crime under the identity of the petitioner in this case.  
 The petitioner's identity has been mistakenly associated with a record of the criminal conviction in this case.  
 The petitioner is not the person for whom the warrant in this case was issued.  
**Accordingly, the court finds that the petition is meritorious and that there is no reasonable cause to believe that the petitioner committed the offense in this case, and that the petitioner is factually innocent of that offense.**

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 JUDICIAL OFFICER

<p style="text-align: center;"><b>CERTIFICATION</b></p> <div style="border: 1px solid black; width: 100px; height: 100px; margin-bottom: 10px;">(SEAL)</div> <p>I certify that this document is a correct copy of the original on file in my office.</p> <p>Date: _____</p> <p>Clerk, by _____          (DEPUTY)</p>	<p>1. The box to the right contains the petitioner's  <input type="checkbox"/> right thumbprint  <input type="checkbox"/> other print (specify): _____</p> <p>2. The print was taken on (date): _____</p> <p>3. The print was taken by          a. Name: _____          b. Position: _____          c. Badge or serial No.: _____</p> <div style="border: 1px solid black; width: 100px; height: 100px; margin-top: 20px;"></div>
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**ANY ALTERATION RENDERS THIS FORM VOID.**

# IDENTITY THEFT: Application for Registration as Victim

Complete form carefully and completely. Type or print neatly. All information is **mandatory** unless noted otherwise. If you have any questions, please call toll free: 1 (888) 880-0240.

1. FULL NAME AND MAILING ADDRESS				2. RETURN TO:  CALIFORNIA DEPARTMENT OF JUSTICE P.O. BOX 903417 SACRAMENTO CA 94203-4170 ATT: <b>IDENTITY THEFT REGISTRY (G-210)</b>			
3. FINGERPRINTING							
9 LiveScan			S Date Printed _____		9 10-Print Card Enclosed		
4. MAIDEN NAME/ALIASES							
5. SEX		6. BIRTH DATE		7. HEIGHT		8. WEIGHT	
9 M 9 F							
9. EYES		10. HAIR		11. BIRTHPLACE		12. SOCIAL SECURITY NUMBER (OPTIONAL)	
13. DRIVER LICENSE NUMBER				14. ORDER PURSUANT TO SEC. 530.5(c) P.C.			
9 Yes 9 No		Court Name / Location				Date	
15. ORDER PURSUANT TO SEC. 530.6(b) P.C.				16. ORDER OF FACTUAL INNOCENCE—CASE NO.			
9 Yes 9 No		Court Name / Location				Date	
I certify that the information given here is true and accurate and provided to facilitate my entry in the Identity Theft Victim Registry maintained by the California Department of Justice as outlined in California Penal Code section 530.7							
17. SIGNATURE						18. DATE	
19. HOME PHONE			20. WORK PHONE			21. PASSWORD	
( )			( )			. 222222222-	
22. QUESTION/ANSWER KNOWN ONLY TO YOU:							
23. DESIGNATED RELEASE AUTHORIZATIONS							
Authorization #1				Authorization #2			
NAME OF COMPANY OR INDIVIDUAL				NAME OF COMPANY OR INDIVIDUAL			
STREET ADDRESS OR PO BOX				STREET ADDRESS OR PO BOX			
CITY, STATE, ZIP				CITY, STATE, ZIP			
CONTACT PERSON		PHONE		CONTACT PERSON		PHONE	
Authorization #3				Authorization #4			
NAME OF COMPANY OR INDIVIDUAL				NAME OF COMPANY OR INDIVIDUAL			
STREET ADDRESS OR PO BOX				STREET ADDRESS OR PO BOX			
CITY, STATE, ZIP				CITY, STATE, ZIP			
CONTACT PERSON		PHONE		CONTACT PERSON		PHONE	
DOJ USE ONLY:		ENTRY DATE/ INITIALS		VERIFICATION DATE/INITIALS			

**GUIDELINES FOR COMPLETING  
IDENTITY THEFT: APPLICATION FOR REGISTRATION AS VICTIM  
FORM**

\*\*\*

1. **FULL NAME AND MAILING ADDRESS:** If already filled in by DOJ, proofread this box carefully and make any corrections. "NMI" means "No Middle Name".
2. **RETURN TO:** Already completed by DOJ. Mail completed packet to this address.
3. **FINGERPRINTING:** If you are fingerprinted electronically at a LiveScan site, they will send the information directly to DOJ. Check the "LiveScan" box and write in the date that you were printed. If you are unable to go to a LiveScan site and must be fingerprinted in ink, you must attach the card to this form and check the "10-Print Card Enclosed" box.
4. **MAIDEN NAME/ALIASES:** Please list all names you have used. This includes Maiden Name, former married names, etc.
5. **SEX:** Check box for Male (M) or Female (F).
6. **BIRTHDATE:** Month, Day, Year of your birth.
7. **HEIGHT:** Height in feet and inches to nearest inch.
8. **WEIGHT:** Weight in pounds to nearest whole number.
9. **EYES:** Color of eyes.
10. **HAIR:** Color of hair.
11. **BIRTHPLACE:** If born in the United States, Mexico, or Canada, write in the name of the state or province. If born in a country other than the United States, Mexico, or Canada, write in the name of the country only.
12. **SOCIAL SECURITY NUMBER:** *(Optional)*
13. **DRIVER LICENSE NUMBER:** California Driver License or DMV-issued identification, or Military Driver License.
14. **ORDER PURSUANT TO SECTION 530.5(C) PC:** If you have obtained a court order under this Penal Code section, check the "Yes" box and write in the name of the court and the date of the order. If you have not obtained a court order under this Penal Code section, check the "No" box.
15. **ORDER PURSUANT TO SECTION 530.6 (B) PC:** If you have obtained a court order under this Penal Code Section, check the "Yes" box and write in the name of the court and

the date of the order. If you have not obtained a court order under this Penal Code section, check the “No” box.

16. **ORDER OF FACTUAL INNOCENCE PURSUANT TO SECTION 851.8 PC:** If you have obtained an Order of Factual Innocence, check the “Yes” box and write in the name of the court and the date of the order. If you have not obtained a court order under this Penal Code section, check the “No” box.
17. **SIGNATURE:** Your signature.
18. **DATE:** Date you completed and sent in this form.
19. **HOME PHONE:** Your home phone number including Area Code.
20. **WORK PHONE:** (*Optional*) Your work phone number including Area Code.
21. **PASSWORD:** Password you create to identify you when you contact DOJ in the future to change information or add Designated Release Authorizations. You must use at least six and no more than ten characters - letters and numbers, capitals and lower case. No spaces or special characters (!@#%&\*+) are allowed.
22. **QUESTION/ANSWER KNOWN ONLY TO YOU:** Additional verification for DOJ to identify you. You must create a short (no more than 45 characters) question and answer that should only be known to you. For example: “*What is my favorite hobby?*” - “*Snowboarding*” or “*What is my favorite movie?*” - “*BackDraft*”.
23. **DESIGNATED RELEASE AUTHORIZATIONS:** Any company or individual that you designate and authorize the DOJ to verify your registration status as a victim of identity theft in the DOJ data base. DOJ will mail certified letters to you and your designees once you are registered. If you wish to make any changes to your personal data or your designated release authorizations, you may do so at any time by calling or writing to the DOJ. Designees may call to verify your status at any time.

# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

ORI: CA0349412 Type of Application: (check one)  Employment  License, Certification, Permit  Volunteer  
Code assigned by DOJ  
Job Title or Type of License, Certification or Permit: VICTIM OF IDENTITY THEFT

Agency Address Set Contributing Agency:

DEPARTMENT OF JUSTICE

Agency authorized to receive criminal history information

06168

Mail Code (five-digit code assigned by DOJ)

P.O. BOX 903417

Street No. Street or PO Box

COMMAND CENTER

Contact Name (Mandatory for all school submissions)

SACRAMENTO

City

CA

State

94203 - 4170

Zip Code

( 916 ) 227 - 3244

Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(Please print) Last First MI

AKA's: \_\_\_\_\_  
Last First

CDL No. \_\_\_\_\_

DOB: \_\_\_\_\_ SEX:  Male  Female

Misc. No. BIL - NONE  
Agency Billing Number (if applicable)

HT: \_\_\_\_\_ WT: \_\_\_\_\_

Misc. No. \_\_\_\_\_

EYE Color: \_\_\_\_\_ HAIR Color: \_\_\_\_\_

Home Address: (Applies only if Youth Org/HRA or Public Utility submission)

POB: \_\_\_\_\_

Street or PO Box

SOC: \_\_\_\_\_

City, State and Zip Code

Your Number: N/A  
OCA No. (Agency Identifying No.)

Level of Service DOJ  FBI

If resubmission, list Original ATI No. N/A

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

N/A

Employer Name

Street No. Street or PO Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

( )  
Agency Telephone No. (Optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Date \_\_\_\_\_  
Name of Operator

Transmitting Agency

ATI No.

Amount Collected/Billed



**GUIDELINES FOR COMPLETING  
REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM**

\*\*\*

**NAME OF APPLICANT:** Enter applicant's full name.

**AKA'S:** Names (if any) the applicant has used.

**CDL NO:** California Driver's License Number

**DOB:** Date of Birth    **SEX:** Gender (male or female)

**MISC. NO. BIL:** *COMPLETED BY DOJ.*

**HT:** Height                      **WT:** Weight

**MISC. NO.:** Enter other identifying numbers (e.g. Other State Driver's License Number)

**EYE COLOR:** Eye Color    **HAIR COLOR:** Hair Color    **HOME ADDRESS:** Home Address

**POB:** Place of Birth

**SOC:** Social Security Number (*optional*)

THE LIVE SCAN OPERATOR WILL COMPLETE THE BOTTOM OF THE FORM AND COMPLETE THE FINGERPRINT PROCESSING. THE OPERATOR WILL KEEP THE ORIGINAL COPY OF THIS FORM AND GIVE THE APPLICANT THE SECOND AND THIRD COPIES. THE APPLICANT WILL RETAIN THE THIRD COPY FOR THEIR PERSONAL RECORDS.

**IT IS IMPORTANT THAT THE APPLICANT INCLUDE THE SECOND COPY OF THIS REQUEST FORM WITH THE OTHER REQUIRED/COMPLETED DOCUMENTS OF THE APPLICANT PACKET WHEN MAILING TO THE DEPARTMENT OF JUSTICE.**