



COUNTY OF FRESNO

Elizabeth Diaz
Public Defender

Prop. 47 and Prop. 64 Intake Form

Name: _____ D.O.B.: _____

Previous names used: _____ Phone Number: _____

Mailing Address: _____

Email Address: _____

Case Nos. (If known): _____

Referring Agency (if applicable): _____

By signing this form, I am requesting that the Fresno County Law Offices of the Public Defender assist me in obtaining resentencing pursuant to Proposition 47 and/or Proposition 64. I understand that if there is no conflict and I appear to be eligible, the Public Defender will likely file an Application/Petition on my behalf. If there is no conflict, a resentencing hearing is required, and I do not appear at that hearing, I understand that the Law Offices of the Public Defender may represent me at that hearing in my absence.

I understand that it usually takes a few months before the court rules on an application or petition.

Signature

Date

Please mail/hand-deliver/fax/email to:
Fresno County Public Defender Office
ATTN: Proposition 47 Unit
2220 Tulare Street, Suite 300
Fresno, CA 93721
Email: PubDefP47@co.fresno.ca.us
Facsimile: (559) 600-1570

For more information, go to:
<http://www.co.fresno.ca.us/Department.aspx?id=404>
or call (559) 600-3546 and ask to speak with
someone about filing a Prop 47 or Prop 64 request.
You may also go directly to the Fresno County
Superior Court website at:
<http://www.fresno.courts.ca.gov/criminal/prop47.php>



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