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| ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, state bar number, and address*):        TELEPHONE NO: FAX NO.:  E-MAIL ADDRESS *(optional)*:  ATTORNEY FOR *(Name)*: | | | | *FOR COURT USE ONLY* | |
| SUPERIOR COURT OF CALIFORNIA • COUNTY OF MADERAJuvenile Division 200 South G Street  Madera, CA 93637 | | | |
| **In the Matter of:** | | | |
| **RESPONSE BY DISTRICT ATTORNEY TO PETITION TO TERMINATE SEX OFFENDER REGISTRATION**  **(PC §290.5)** | | | | **CASE NUMBER:** | |
| *FOR COURT USE ONLY* |  | **Time:** |  | **Department:** |  |
| **Date:** |

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| **1.** | **Petitioner’s Information** | | | | | | | | | | |
|  | This is a response to a petition filed by: | | | | | | | | | | |
| a. | Name: | |  | | | | | | |  |
|  |  | | *Last* | | | | *First* | *Middle* | |  |
|  | Date of birth: | | | |  | | | | | *(mm/dd/yyyy)* |
|  | CSAR Petition No.: | | | | |  | | | | |
| b. | The district attorney objects to granting the petition and requests a hearing because *(check all that apply)*: | | | | | | | | | |
| (1) | Community safety would be significantly enhanced by the petitioner’s continued registration. | | | | | | | | |
| (2) | Petitioner has not met the requirements of Penal Code section 290(e). | | | | | | | | |
| c. | The district attorney requests the petition be summarily denied because *(check all that apply and state*  *reasons for summary denial)*: | | | | | | | | | |
| (1) | Petitioner has not fulfilled the filing and service requirements of Penal Code section 290.5 because: | | | | | | | | |
|  |  | | | | | | | | |
| (2) | There are pending charges against petitioner that could extend the time to complete the registration | | | | | | | | |
|  | requirements of the tier or change petitioner’s tier status: | | | | | | |  | |
| (3) | Petitioner is in custody or on parole, probation, or supervised release: | | | | | | | |  |
| (4) | Petitioner is in Tier 1 and has not met the mandatory minimum registration period for that tier. | | | | | | | | |
| (5) | Other: | |  | | | | | | |
| d. | This response has been served on the petitioner or counsel at the address set forth on the petition. | | | | | | | | | |

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|  |  | |  |  |
|  |  | | Date: |  |
|  |  |  | | |
| (*Printed name, office address, and phone number of*  *district attorney/district attorney’s representative*) |  | (*Signature of district attorney/district attorney’s*  *representative*) | | |