

OFFICE OF THE SANTA BARBARA COUNTY PUBLIC DEFENDER

Proposition 47 Information Sheet



Santa Barbara
Courthouse Annex
1100 Anacapa St.
Santa Barbara, Ca 93101
(805) 568-3470
Fax (805) 568-3536

Santa Maria
312 E. Cook Street, Bldg. B
Santa Maria, CA 93454
805-346-7500
FAX 805-346-7670

Lompoc
115 Civic Center Plaza
Lompoc, CA 93436
805-737-7770
FAX 805-737-7881

Persons convicted of felony theft offenses involving property with a value of less than \$950 may petition the Superior Court to reduce the crime to a misdemeanor. Similarly, persons convicted of a felony offense for possession of drugs for personal use can also request the Superior Court to reduce the offense to a misdemeanor. You do not qualify for a reduction of your charge if you have been convicted of an extremely serious or violent offense listed in Penal Code § 667(e)(2)(C)(iv), or you are required to register as a sex offender. If you believe you qualify for a reduction of your charge(s), please provide us with the following information so we can help you file a petition to the Court requesting to have your charge(s) reduced. You can also file your own petition if you wish to do so, and we can provide you with a form to submit to the Court. This is a list of crimes that may be affected by Proposition 47.

- Theft Offenses involving less than \$950, for instance - Grand Theft, Receiving Stolen Property, Forgery, NSF Checks, Petty theft with priors, commercial burglary during store hours. (Penal Code §§ 487, 496, 470, 473(b), 476, 666, 503, 459)
- Possession of Drugs for Personal Use, for instance, possession of heroin, cocaine, concentrated cannabis, and methamphetamine (Health and Safety Code §§ 11350, 11357, 11377)

If you would like the Public Defender to determine whether you are eligible for resentencing, please fill out a Financial Application for our services and this form and return to our office. If you are unsure whether you qualify for resentencing, please fill out the application anyway and we will advise you whether or not you qualify.

Name / Su Nombre	
Date Of Birth / Su Fecha De Nacimiento	
Case No. (If Known) / Numero De Su Caso (Si Lo Sabe)	
Sentence Date/Su Fecha de Condena:	
Other Information / Información adicional:	

PROPOSITION 47 REQUEST FOR ASSISTANCE LOG

Date Requested Assistance:		Petition Court Date:	
Defendant's Full Name:			
Defendant's DOB :			
Case # :			
Currently Serving Sentence:	County Jail:	State Prison:	
	Release Date:	Release Date:	
Currently In Program:			
	Prop 36 _____ NCD _____		
	SATC _____ NCD _____		
	MHTC _____ NCD _____		
	DDX _____ NCD _____		
	VTC _____ NCD _____		
	RDC _____ NCD _____		
Currently On Felony Probation:	Yes _____ Exp: _____ Date _____	No _____ Term Date: _____	
Comments:			

APPROVED BY: _____
 DOES NOT QUALIFY BY: _____

COUNTY OF SANTA BARBARA
 APPLICATION FOR APPOINTED COUNSEL

CONFIDENTIAL
 FINANCIAL DECLARATION

NEXT COURT DATE:
 MM/DD/YY _____
 Dept # _____
 Case # _____

Full name (please print): _____ Birth Date: _____ Charges: _____

Address: _____

Marital Status: Single Married Separated Divorced Domestic Partner

Number of dependents: _____
 Relationship and age(s): _____
 E-mail address: _____
 I WOULD LIKE TO BE CONTACTED BY EMAIL
 Home Phone: _____
 Cell Phone: _____
 Work Phone: _____
 Social Security No.: _____

MONTHLY EXPENSES	Self	Spouse
Rent	\$ _____	\$ _____
Mortgage	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Food	\$ _____	\$ _____
Vehicle	\$ _____	\$ _____
Other (explain)	\$ _____	\$ _____
	\$ _____	\$ _____

Your Employer: _____
 Address: _____
 Length of time at job: _____ Supervisor: _____
 Take home pay \$ _____ per _____ Unemployment Benefits: Yes \$ _____ No _____

OTHER INCOME & ASSETS	Self	Spouse
Government Aid: (explain)	\$ _____	\$ _____
	\$ _____	\$ _____
Do you own Real Estate? Yes / No	\$ _____	\$ _____
WHAT IS THE VALUE: _____	\$ _____	\$ _____
Located at: _____	\$ _____	\$ _____

Spouse/Partner Employer: _____
 Address: _____
 Length of time at job: _____ Supervisor: _____
 Take-home pay \$ _____ per _____ Unemployment Benefits: Yes \$ _____ No _____

Amount in Checking account:	\$ _____	\$ _____
Amount in Savings account:	\$ _____	\$ _____
Cash on hand:	\$ _____	\$ _____
Other income or assets valued at:	\$ _____	\$ _____
	\$ _____	\$ _____

I am submitting this form to apply for the services of appointed counsel. When this case ends, this information can also be used to decide, after a hearing, whether and how much I can be ordered to pay for the legal services provided. An order to pay for legal services can be enforced as a civil judgment against my property. (Penal Code§987.8)

If represented by the Public Defender, I can agree to pay to fixed amount for their services, or I can ask the judge to decide If and how much I should pay. If I ask a judge to decide if and how much I should pay for Public Defender services, I understand that the hourly rate set by the County is \$95 per hour worked on my case. If I give up the right to a hearing, I can agree to be charged \$125 for representation in most misdemeanor cases, and \$175 for representation in most felony cases.

PLEASE CHOSE AN OPTION AND INITIAL:

- I do not want a reimbursement hearing; I agree to pay \$125 if charged with a misdemeanor and \$175 if charged with a felony.
- I want a judge to decide if and how much I should pay for legal services. The Public Defender will not represent me at this hearing and their role will be to present the information necessary to make an order for reimbursement. The Court can order the reimbursement hearing when the case ends, and up to six months after the case ends. If I do not agree with the amount set by the court at this hearing, I must immediately let the court know I object to the fee amount and my reasons for disagreeing.

It will not violate your probation or any law if you fail to pay any ordered Public Defender fees. However, the order has the same effect as a judgment in a civil action. It can be enforced by the County against you and your property like any other money judgment.

I certify under penalty of perjury under the laws of the state of California that all of the above is true and correct and that I have read and understand all of the above.

Enclosed is an application for the Public Defender that you requested. This form is being sent as a convenience to you.

WE ARE NOT UNDERTAKING TO REPRESENT YOU BY SENDING THIS FORM, AND YOU ARE NOT TO ASSUME THAT WE WILL REPRESENT YOU WITHOUT FURTHER NOTICE.

In completing the form, it is important that you give us all the information requested. And it must be dated and signed.

Please write a paragraph explaining what it is you need help with and include it with your completed financial form.

After completing the form it must be returned to us at the following address:

Office of the Public Defender
1100 Anacapa Street
Santa Barbara, CA 93101

Or fax it to (805) 568-3536 *or 568-3564*

After returning the form, it is your responsibility to contact us at (805) 568-3470 to determine if we have received it and approved your representation.

Legal Office Assistant
Office of the Public Defender