SOLANO COUNTY DISTRICT ATTORNEY'S OFFICE

PETITION FOR REMOVAL FROM GANG INJUNCTION ENFORCEMENT

This form is for use by persons living in the City of Fairfield who have been served with a Gang Injunction and who want the opportunity to demonstrate that they should not be restrained by the Gang Injunction because they no longer are, or they never were, a gang member.

ELIGIBILITY

The Solano County District Attorney's Office has put in place a review process for those persons living in the City of Fairfield who believe they were wrongly served with a Gang Injunction because they were not then and are not now a gang member, or who were properly served but have since ended their association with the gang.

The review process is intended to be informal and does not require the filing of any papers with a court or any appearance before a judge. It does, however, require that you either submit a completed version of this form to the District Attorney's Office or otherwise provide us with the information requested by this form.

A Gang Injunction will be enforced against you only if you have been personally served with it. To be eligible for removal from the Gang Injunction if you have been personally served, you must provide sufficient information for the District Attorney's Office to positively confirm that:

- 1) You no longer are, or you never were, a member of the gang named in the Gang Injunction; and
- 2) You are not now acting, and you will not in the future act, to promote, further, or assist any of the activities prohibited by the Gang Injunction on behalf of the gang named in the Gang Injunction; and
- 3) You are not a member of any other criminal street gang.

THE REVIEW PROCESS

The review process is conducted by an attorney within the District Attorney's Office. He or she will review all of the information in your Petition, as well as any other available information concerning your past and present membership in, or involvement with,

criminal street gangs. The attorney may contact you for additional information and may contact other people you know who may have information relevant to the review process. You will be advised in writing of the decision to remove or not to remove from the Gang Injunction at your home address, or, if you prefer for safety or convenience reasons, at another address. If your Petition is denied (and you are not removed from the Gang Injunction at this time), you may submit a new Petition when you have significant new information to report supporting your claim that you no longer are (or you never were) a gang member.

CONFIDENTIALITY

The District Attorney's Office will keep the information you provide in this form confidential to the maximum extent permitted by law.

The District Attorney's Office will not use the information provided in this form to prove any fact essential to proving any criminal charge the District Attorney's Office may bring against you in the future. (However, such information may still be used to cross-examine you should you testify in a case brought by the District Attorney's Office and should your testimony be inconsistent with the factual information provided in this form.)

REPRESENTATION BY COUNSEL

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legal proceeding involving the Gang Injunction, including (but not limited to) a	ì	
proceeding in which you are accused of violating the Gang Injunction:		
Yes No		
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Are you currently represented by an attorney (which includes a Public Defender) in any

Because of ethical rules applicable to all attorneys, if you answered "Yes", your petition cannot be considered unless your attorney completes and signs Addendum No. 1 at the end of this Petition.

HOW TO SUBMIT YOUR PETITION

Once you have filled out this form, please make a copy of it for your records and submit the original **BY MAIL ONLY** to:

Solano County District Attorney's Office Gang Injunction Removal Petition Reviewing Authority 675 Texas Street, Suite 4500 Fairfield, CA 94533

IDENTIFYING INFORMATION

Full Name:			
Last	Firs	t	Middle
Any other name(s)	you use or have used (including aliases or m	onikers):
			e.u
Date of Birth: Mor	th Day Year	Social Security	Number:
Driver's License	State:	Number	
[If you do not have a c Student ID Card.]	lriver's license, please attac	h a copy of any picture ID,	, such as a California ID or a
THE GANG INJ	UNCTION:		
The name of the ga	ang(s) appearing on the	Gang Injunction:	
Date (or approxim	ate date) you were serv	ed: / Day	/
CONTACT INFO	DRMATION:		
Your Home Addre	ss:		
Street	Apt./Unit No.	City	Zip Code
Other addresses (if Home Address abo		be contacted at [but y	ou must still provide your
Street	Apt./Unit No.	City	Zip Code
Home Phone: ()	Cell Phone: (
Fmail Address:			

GANG AFFILIATION INFORMATION:

Please p attende	NFORMATION IN SUPPORT OF YOUR PETITION: DUCATION: lease provide the following information regarding any schools you have ttended, including elementary, middle, and high school, a trade school, or ollege. Please start with your most recent school and work your way backward in time.			l
	Name of School			
-	Location			·
_		Completed/Graduated:	Yes	No
	Time Period Attended			
	Name of School		· ·	
_	Location	TO A COT THE STATE OF THE STATE		
	Time Period Attended	Completed/Graduated:	Yes	No
· _	Name of School			
	Location			
-	Time Period Attended	Completed/Graduated:	Yes	No
ı	N 681 1			
	Name of School			
****	Location			
	Time Period Attended	Completed/Graduated:	Yes	No

EMPLOYMENT HISTORY:

Please provide the following information regarding any job you currently hold, as well as any other job(s) you held during the past three (3) years, Please start with your current or most recent job and work your way backward in time.

1.		
_	Name of Employer	Position or Job Description
_	Address of Employer	**************************************
	From When/To When	Phone Number
2		
	Name of Employer	Position or Job Description
	Address of Employer	
	From When/To When	Phone Number
3	Name of Employer	Position or Job Description
_	Address of Employer	
_		()
	From When/To When	Phone Number
4		
	Name of Employer	Position or Job Description
	Address of Employer	
	From When/To When	Phone Number
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PEOPLE WHO CAN SUPPORT YOUR PETITION:

Please provide the following contact information for any people who know you and can confirm that you no longer are, or you never were, a member of a criminal street gang. Such people can include: family members; neighbors; teachers, principals and school staff; coaches and former teammates; current and past employers; community leaders and organizers; priests, ministers, reverends and other religious counselors; social and gang intervention workers; and probation, parole and police officers.

1		
	Name	Your Relation to This Person
_	Address	
_	Email Address	Phone Number
2	Name	Your Relation to This Person
	Nume	
	Address	
	Email Address	Phone Number
3	Name	Your Relation to This Person
_	Address	
	Email Address	Phone Number
4	Name	Your Relation to This Person
	Nume	Tour Relation to This Person
	Address	
	Email Address	Phone Number
5	Name	Your Relation to This Person
_	Address	
		Phone Number
	Email Address	Phone Number

ADDITIONAL INFORMATION:

Please use the space below to provide any additional information that you want considered. Such information may include the fact that you recently returned to school, started a new job, Or completed a job training or substance abuse program. You can also attach letters and other documents to this form supporting your claim that you no longer are (or never were) a gang member, including letters from the people identified above.

CONFIRMATION:

By signing below, you will be confirming the accuracy of the following statements:

- 1) I no longer am, or I never was, a member of the gang named in the Gang Injunction.
- 2) I am not now acting, and I will not act in the future, to promote, further, or assist any of the activities prohibited by the Gang Injunction on behalf of the gang named in the Gang Injunction.
- 3) I am not a member of any other criminal street gang.
- 4) All of the information provided in or with this form is, to the best of my knowledge, true and correct.

Signature	Date

ADDENDUM NO.1

To Be Completed Only if You Are Currently Represented by an Attorney in a Legal Proceeding Involving the Gang Injunction

[To Be Completed and Signed by Your Attorney]

Name of Attorney:
California Bar Number:
Name and Address of Law Office/Employer:
Name of Law Office/Employer
Address of Law Office/Employer
Phone Number Email Address
Name of Client:
Description of legal proceeding in which you represent client [including case name and number]:
Please indicate below whether you:
1) Read the foregoing Petition form and reviewed it with your clientYes No
 Approved of your client submitting a completed Petition to the Solano County District Attorney's Office for consideration: Yes No
3) Authorize the Attorney assigned to review your client's Petition to contact your client directly, and to confirm information or obtain additional information from your client outside of your presence for purposes of evaluating your client's Petition:Yes No
Signature Date

ADDENDUM NO.2

To Be Completed and Signed by Your Parent or Legal Guardian if You Are Under the Age of 18

Name	and Address of Parent or Legal Gua	ırdian:
	Name of Parent or Legal Guardian	
	Address of Parent or Legal Guardian	
()	_	
	Phone Number	Email Address
Name	of Minor Petitioner:	
Descrij Guardi	-	nor Petitioner [i.e. Mother, Father, Legal
Please	indicate below that you have:	
1)	Read the foregoing Petition fo	rm and reviewed it with your Minor Petitioner
2)	Approved of your Minor Petiti Solano County District Attorn	oner submitting a completed Petition to the ey's Office for consideration.
3)	Petitioner's Petition to contaction confirm information or obtain	y staff assigned to review your Minor your Minor Petitioner directly, and to additional information from your Minor ence for purposes of evaluating your Minor
	Signature	Date