

CASH BOND
RECOMMENDED \$ CTTE 06/28/12
PAUL E. ZELLERBACH
DISTRICT ATTORNEY

AGENCY#: 201200068/CHPR

SUPERIOR COURT OF CALIFORNIA
COUNTY OF RIVERSIDE
(Riverside)

THE PEOPLE OF THE STATE OF CALIFORNIA,

Plaintiff,

v.

ELAINE JAMES
DOB: 08/16/1961

Defendant.

CASE NO. Rm 1208301

MISDEMEANOR COMPLAINT

FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF RIVERSIDE

JUN 20 2012

K. James

JUN 21 2012
R

COUNT 1

The undersigned, under penalty of perjury upon information and belief, declares: That the above named defendant committed a violation of Vehicle Code section 23152, subdivision (a), a misdemeanor, in that on or about January 9, 2012, in the County of Riverside, State of California, she did wilfully and unlawfully drive a vehicle while under the influence of an alcoholic beverage and a drug and under their combined influence.

MARSHY'S LAW

Information contained in the reports being distributed as discovery in this case may contain confidential information protected by Marsy's Law and the amendments to the California Constitution Section 28. Any victim(s) in any above referenced charge(s) is entitled to be free from intimidation, harassment, and abuse. It is unlawful for defendant(s), defense counsel, and any other person acting on behalf of the defendant(s) to use any information contained in the reports to locate or harass any victim(s) or the victim(s)'s family or to disclose any information that is otherwise privileged and confidential by law. Additionally, it is a misdemeanor violation of California Penal Code § 1054.2a(3) to disclose the address and telephone number of a victim or witness to a defendant, defendant's family member or anyone else. Note exceptions in California Penal Code § 1054.2a(a) and (2).

DISCOVERY REQUEST

Pursuant to Penal Code section 1054.5, subdivision (b), the People are hereby informally requesting that defense counsel provide discovery to the People as required by Penal Code section 1054.3.

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

Dated: June 12, 2012

KTH:sm

[Signature]

Complainant

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
NOTICE TO APPEAR
CHP 215 (REV 3/11)

MISDEMEANOR
 Traffic Nontraffic

34040 PR

Date of Violation: 1-9-12 Time: 7:55 AM Day of the Week: S M T W T F S CHP 215s Accident

Name (First, Middle, Last): ELAINE JAMES Owner's Responsibility (§40001 VC)

Address: 16409 SALLY LN

City: RIVERSIDE State: CA ZIP Code: 92507

Driver Lic. No.: B3199574 State: CA Commercial: Yes No Age: 50 Birth Date: 8-16-61

Sex: F Hair: BRN Eyes: BRN Height: 5-3 Weight: 185 Race / Ethnicity: B

Veh. Lic. No. or VIN No.: 6GET440 State: CA Reg. Exp.: 10/12 COMMERCIAL VEHICLE (§15210(b) VC)

Yr. of Veh.: 96 Make: BUICK Body Style: 3800 Color: TAN Veh. Type: 01 HAZARDOUS MATERIAL (§353 VC)

Evidence of Financial Responsibility or CHP / DOT / PUC / ICC

Registered Owner or Lessee: Same as Driver

Address: Same as Driver

City: State: ZIP Code:

Correctable Violation (§40610 VC) Booking Required (See Reverse) Misdemeanor or Infraction (Cite)

Yes	No	Code and Section	Description	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	23152 (A) VC	DRUGS	(M) I
<input type="checkbox"/>	<input type="checkbox"/>			M I
<input type="checkbox"/>	<input type="checkbox"/>			M I
<input type="checkbox"/>	<input type="checkbox"/>			M I

Speed Approx. P. F. / Max Spd. Veh. Lmt. Safe Special

Location of Violation(s) at: E/B VAN BUREN E/OF KING

Beat: 42 Area: 840 Perm. Area: Radar / Lidar Unit / Patrol Vehicle No. MVARs

Violations not committed in my presence, declared on information and belief.
I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct.
Executed at (place): RIVER California

Arresting or Citing Officer: FLANARY I. D. No.: 12075 to

Date: Name of Arresting Officer, if different from Citing Officer: I. D. No.: Vacation Dates

WITHOUT ADMITTING GUILT, I PROMISE TO APPEAR AT THE TIME AND PLACE INDICATED BELOW.
X SIGNATURE: Elaine James MD

WHEN: DATE: 1-9-12 TIME: 7:30 AM PM

WHAT TO DO: FOLLOW THE INSTRUCTIONS ON THE REVERSE

WHERE: SUPERIOR COURT JUVENILE

ADDRESS: 4100 MAIN ST, RIVERSIDE, CA

PHONE NO.:

To be notified
 You may arrange with the clerk to appear at a night session of the court.

Judicial Council of California Form TR-130
Rev. 09-20-05 (§§ 40500(b), 40513(b), 40522, 40600 VC; § 853.9 PC.)



3 4 0 4 0 P R

SEE REVERSE

34040 PR

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE
MISDEMEANOR PLEA FORM

People v. Elaine James

Case Number _____

RIM1208301

A. ADVISEMENT OF RIGHTS:

- Initials
- ELJms 1. I have the right to a speedy and public trial by a judge or jury.
 - ELJms 2. At my trial, I have the right to face and cross-examine any witnesses against me.
 - ELJms 3. I have the right to ask the court to compel witnesses to attend my trial at no expense to me, and to present evidence in my defense.
 - ELJms 4. I have the right against self-incrimination. I cannot be forced to testify against myself, but I also have the right to testify in my own defense if I choose to do so.
 - ELJms 5. I have the right to be represented by a lawyer at all proceedings. If I cannot afford one, the court will appoint one to represent me at no cost to me.
 - ELJms 6. I have the right to have a court reporter at all proceedings. If I wish one, I will advise the court in advance. If I cannot afford to pay for the court reporter, the court will provide one at no cost to me.

GLH
MAR 19 2013

B. CONSEQUENCES OF PLEA:

- ELJms 1. I will be ordered to pay restitution to the victim(s) if the victim(s) suffered economic harm.
- ELJms 2. I agree that the amount of victim restitution is \$ _____. If the parties do not agree, the probation department will determine the amount. If I disagree with the amount, I may request a hearing.
- ELJms 3. Charges and/or enhancements may have been dismissed as part of this negotiated disposition with the District Attorney's Office. I agree that I will be ordered to pay restitution to the victim(s) of the dismissed charges and/or enhancements if the victim(s) suffered economic harm.
- ELJms 4. I will be ordered to pay a restitution fine of at least \$120 and not more than \$1000. There are several other fines and fees that will be imposed as a result of this guilty plea.
- ELJms 5. If I am not a citizen of the United States, I understand that this conviction may have the consequences of deportation, exclusion from admission to the United States, or denial of naturalization pursuant to the laws of the United States.
- ELJms 6. Being under the influence of alcohol or drugs, or both, impairs your ability to safely operate a motor vehicle. Therefore, it is extremely dangerous to human life to drive while under the influence of alcohol or drugs, or both. If I drive while under the influence of alcohol or drugs, or both, and as a result of that driving, someone is killed, I can be charged with murder.
- MA 7. My driving privileges may be suspended or revoked by the Department of Motor Vehicles.
- MA 8. I understand that by pleading guilty to reckless driving after consuming alcohol or drugs, I may be subject to increased punishment if in the future I am charged with and convicted of driving under the influence.
- MA 9. I may not be able to own or possess a firearm if I am convicted of a crime involving domestic violence, assault, or a firearm violation.
- MA 10. I understand that because I am pleading guilty to a qualifying offense, I will be ordered to register with law enforcement as a(n) _____ and that if I fail to register or to keep my registration current for any reason, new criminal charges may be filed against me. I understand that registration as a sex offender is a life long requirement.
- MA 11. I may be required to undergo AIDS testing if I am convicted of sex crimes or an assault.
- MA 12. I may be required to give a DNA sample.
- MA 13. Other _____

FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF RIVERSIDE

MAR 18 2013

C. DEFENDANT'S STATEMENT:

- ELJms 1. All the promises made to me are written on this form, or stated in open court. C. Ringdahl
- ELJms 2. No one has made any threats to me or anyone close to me, or placed any pressure of any kind on me in order to make me plead guilty.
- ELJms 3. I understand that if I violate any of my probation terms, I could be sentenced to the maximum custody term possible under these charges as set forth under "Plea Agreement", Item D.
- ELJms 4. If there are any dismissed charges, they may be considered in determining restitution and the appropriate sentence.

E. James
3/18/13

- 5. As part of this plea, I (circle one) do / do not waive any right to appeal that I may have.
- 6. Factual Basis: I agree that I did the things that are stated in the charges that I am admitting.

D. PLEA AGREEMENT:

- 1. Defendant in Pro Per: I will plead guilty to the complaint as charged.
- 2. Per agreement with the District Attorney, I will plead guilty to the following charges:
- 3. Defendant represented by an Attorney: The terms of the disposition are: CT. 1 DISMISSED
Added count 2 - 23103 "DRY"
- 4. The maximum possible custody commitment for the admitted charges may be; 1 year, 6 months, or 90 days, depending on the charge. These are per count.
- 5. My guilty pleas are conditional on receiving the following considerations as to sentence:
 - a) Probation will be granted. The terms are in the Sentencing Memorandum Form which is incorporated into this Plea Form.
 - b) Probation will be denied. The terms are in the Sentencing Memorandum Form which is incorporated into this Plea Form.

E. SIGNATURES:

District Attorney: The above is a correct statement of the Plea Agreement between defense and prosecution.

3/18/13 Kristen Bute [Signature]
Date Print Name Sign Name

Defendant: I have read and understand this entire document. I waive and give up all of the rights that I have initiated. I accept this Plea Agreement. An Attorney acting as a Judge Pro Tem or a Commissioner may act as a Judge in this case.

3/18/13 Elaine James MD Elaine James MD
Date Print Name Sign Name

Defense Attorney: I am the attorney for the defendant. I am satisfied that (1) the defendant understands his/her constitutional rights and understand that a guilty plea would be a waiver of these rights; (2) the defendant has had an adequate opportunity to discuss his/her case with me, including any defenses he/she may have to the charges; and (3) the defendant understands the consequences of his/her guilty plea. I join in the decision of the defendant to enter a guilty plea.

3/18/13 Chris Harrow [Signature]
Date Print Name Sign Name

Interpreter: Having been duly sworn, I have translated this form to the defendant in the _____ language. The defendant has stated that he/she fully understood the contents of the form prior to signing.

_____ _____ _____
Date Print Name Sign Name

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE
SENTENCING MEMORANDUM**

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People v.

Elaine James

Case Number

Rim 100 8301

THE FOLLOWING CHECKED TERMS AND
CONDITIONS ARE ORDERED BY THE COURT

FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF RIVERSIDE

MAR 18 2013

<input checked="" type="checkbox"/> PAS <input type="checkbox"/> FPG <input checked="" type="checkbox"/> SPG <input type="checkbox"/> PRS <input checked="" type="checkbox"/> T1	Proceedings are suspended. Formal probation granted for _____ months. Summary probation granted for <u>36</u> months. Probation reinstated on same terms and conditions. Obey all laws, ordinances, and court orders.	<input checked="" type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY	Charges admitted: <i>VC 23103</i> Priors admitted: <i>"DRY"</i> Enhancements: _____
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CUSTODY / WORK PROGRAMS / COMMUNITY SERVICE	
<input checked="" type="checkbox"/> TAA <input checked="" type="checkbox"/> TAJ1 <input type="checkbox"/> TAK1 <input type="checkbox"/> THA <input type="checkbox"/> TAD	Be committed to the custody of RSO for <u>90</u> days. Custody to be served as follows: _____ days to be served in the Work Release Program. Report on or before _____ _____ days to be served in the Sheriff Labor Program. Report on or before _____ Perform _____ hours of community service through Alternative Sentencing and report to program within 14 days, excluding time in custody. File proof of completion by _____ Committed to custody of RSO for one day for booking purposes only. Report to _____ by _____

FINES / FEES / RESTITUTION: All fines, fees and restitution imposed shall be paid to the Court, as directed by the Enhanced Collections Division.	
<input checked="" type="checkbox"/> TBL(TBL.C) <input type="checkbox"/> TBHL1/2 <input checked="" type="checkbox"/> TXV1 <input type="checkbox"/> TMC1 <input checked="" type="checkbox"/> TYC <input type="checkbox"/> TYC4 <input checked="" type="checkbox"/> TYF/1 <input type="checkbox"/> TYF3 <input checked="" type="checkbox"/> POF	Pay fine and penalty assessment of \$ <u>600</u> Pay fine of \$ _____ or serve time in jail, at rate of \$ _____ per day <input type="checkbox"/> concurrent <input type="checkbox"/> consecutive. Pay booking fees of \$450.34 or \$ _____ (GC § 29550). Pay fee of \$400 to domestic violence fund (PC § 1203.097(a)(5)). Pay restitution fine of \$ <u>140</u> (PC § 1202.4(b)). Pay 10% of the restitution fine for administrative fee of \$ _____ (PC § 1202.4(i)). Pay probation revocation restitution fine of \$ <u>140</u> (PC § 1202.44). Stayed pending completion of Probation. The stay of your obligation to pay the probation revocation restitution fine of \$ _____ is dissolved (PC § 1202.44). Payment is due immediately. Payment of fines due by <u>4/2/13</u> or appear at 7:30 am on that date <i>in this court EC</i>

ALCOHOL / DUI / DRIVING LICENSE	
<input type="checkbox"/> TDA <input checked="" type="checkbox"/> TDE <input type="checkbox"/> TDF <input type="checkbox"/> TDH <input type="checkbox"/> TDM1/A <input type="checkbox"/> TDM2 <input type="checkbox"/> TDM12 <input type="checkbox"/> PPIID	Do not consume alcoholic beverages; do not frequent places where they are main item of sale. Do not drive with any measurable amount of alcohol or drugs in your blood, or within 6 hours of consuming alcohol or any drugs. If arrested for driving under the influence of intoxicants, submit to blood, breath, or urine test as requested by the arresting officer. Do not drive without valid license, insurance & registration. Install an ignition interlock device in each vehicle you own or operate by _____ and maintain for a period of _____ months from the date of reinstatement of your driving privilege. File proof of installation of IID by _____ IID installation is stayed as long as you do not own or operate any vehicle. Provide proof of installation of IID by returning the verification form to the court by _____ or appear at _____ in Dept. _____ on that date.

DRUG / SEARCH / TEST PROGRAM TERMS	
<input type="checkbox"/> TDL1 <input type="checkbox"/> TEC <input type="checkbox"/> TEA1 <input type="checkbox"/> TEA1A <input type="checkbox"/> TEF2 <input type="checkbox"/> TXJ1/A <input type="checkbox"/> THP	Do not knowingly use or possess any controlled substances, unless lawfully prescribed for you. Submit to chemical test of your blood, saliva, breath or urine or any reasonable physical test upon request of any law enforcement or probation officer. Submit to Immediate search of person/auto/home/ premises/garage/storage areas & personal/leased property; with or without cause; by probation officer or law enforcement officer; Search for the detection of _____ Provide a DNA sample as directed by probation or law enforcement personnel (PC § 296(a)). Submit to HIV/AIDS testing by RSO (in-custody)/County Health Department within 5 days of this order (PC § 1202.1). Enroll in AIDS education program by _____ and complete by _____

VC 23103
"DRY"
C. Ringdahl

GLH
MAR 20 2013

Enroll within 5 days and then complete:
AB541- 1st Offender Drinking Driver Program.
AB1353 - 1st Offender Drinking Driver Program (enhanced)
SB38 - 18 month Offender Drinking Driver Program
SB1176 - Alcohol and drug education class.
Enroll in the TEMPO / Hamm Program by _____
Enroll by _____ and successfully complete, at your
expense, the Secure Continuous Remote Alcohol Monitor
(SCRAM) Program, through LCA Client Services.
Pay the SCRAM monitoring and installation fees in an amount and
manner as determined by LCA Client Services, and as directed by
the probation officer.
DMV shall not issue a restricted drivers license.
Your license:
Is suspended for _____ months. Surrender license to the court.
Shall be revoked by DMV (VC § 13202(b)) for _____ mos.
Shall be revoked by DMV for _____ months and until you
complete the SB38 drinking driver program, if ordered.
Enroll in boating safety classes by _____ and
complete by _____

Register with local law enforcement within 5 days from today or
within 5 days upon release from custody:
PC § 290
H&S § 11590
PC § 457.1
PC § 186.30
Attend _____ AA meetings or approved alternative program.
Provide proof of completion to probation/court by _____
Attend _____ NA meetings or approved alternative program.
Provide proof of completion to probation/court by _____
Reside at _____, cooperate
with staff and do not leave without permission.
Participate and complete at your expense any counseling,
rehabilitation/treatment, program deemed appropriate by
probation officer; and authorize release of information relative to
progress.

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE
SENTENCING MEMORANDUM**

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People v.

Elaine James

Case Number: *Rem 1208301*

DRUG / SEARCH / TEST PROGRAM TERMS (Continued)

<input type="checkbox"/> TMJ	Report to the Alternative Sentencing within 14 days (excluding time in custody) and:	<input type="checkbox"/> TMF	Enroll in parenting classes by _____ and complete by _____.
<input type="checkbox"/> TMB	Enroll in a 52-week Domestic Violence Program and provide proof of enrollment to the court/probation by _____ and complete by _____.	<input type="checkbox"/> TMA	Enroll in Anger Management Program by _____ and complete by _____.
		<input type="checkbox"/> TME2	Enroll in child abuse classes by _____ and complete by _____.

*Submit proof of enrollment and/or completion of the above noted programs as directed by your Probation Officer and/or Alternative Sentencing.

ASSOCIATION / RESIDENCE / WORK TERMS

<input type="checkbox"/> THO	Do not associate with any unrelated person you know to be on probation or parole.	<input type="checkbox"/> THC	Inform the probation officer of your place of residence and reside at residence approved by the probation officer;
<input type="checkbox"/> THO1	Do not associate with any unrelated person you know to be either on probation, on parole, or a gang member.	<input type="checkbox"/> THC1	Give written notice to the probation officer 24 hours before changing your residence and do not move without the approval of the probation officer.
<input type="checkbox"/> TDK	Do not associate with any unrelated person you know to be a possessor, user or trafficker of controlled substances.	<input type="checkbox"/> THB	Seek and maintain employment or attend a full time school or vocational program.
<input checked="" type="checkbox"/> THR	Do not leave the State of California without first obtaining written permission of the probation department per the Interstate Compact Act.		

TAGGER TERMS

<input type="checkbox"/> TLR	Do not engage in tagging, marking, painting, scribing or defacing public and/or private property.	<input type="checkbox"/> TLU	Submit to immediate search of person/auto/residence, surrounding premises/storage areas/personal property by probation or law enforcement officer with or without reasonable cause;
<input type="checkbox"/> TLS	Do not knowingly use or possess spray paint, markers, scribes, aerosol nozzles, or other items that you know are commonly used for tagging.	<input type="checkbox"/> TLU1	for detection of tagging and/or scribing items such as: spray paint, markers, scribes, aerosol nozzles or other items commonly used for tagging.
<input type="checkbox"/> TLT	Do not associate with any person you know to engage in tagging or similar activities.		

ADDITIONAL PROBATION TERMS

<input type="checkbox"/> TXB	Do not knowingly own or possess a firearm, deadly weapon or ammunition.	<input type="checkbox"/> THD	Have no direct or indirect contact with _____.
<input type="checkbox"/> TXA2	Weapon ordered destroyed (PC § 12028).	<input type="checkbox"/> TFK	Do not annoy, harass, threaten or disturb the peace of _____.
<input type="checkbox"/> TFO	Stay _____ yards away from _____ and don't enter premises described as _____.	<input type="checkbox"/> TMI	Any valid Domestic Violence protection/restraining order existing during the period of probation is incorporated into probation terms.
<input type="checkbox"/> THY	Return to court on _____ at _____ in Dept. _____ for a progress hearing to evaluate the defendant's compliance with the above terms and conditions.		
<input checked="" type="checkbox"/>	Other: <i>MADD PANEL Proof of completion 5/31/13 (CT. 1 DISMISSED)</i>		

ADDITIONAL FORMAL PROBATION TERMS

<input type="checkbox"/> THM1	If expelled or deported, do not re-enter the United States illegally.	<input type="checkbox"/> THL	Report to probation officer immediately or upon release from custody, and abide by all reasonable directives of probation officer.
<input type="checkbox"/> THM2	If expelled, deported, or voluntarily leave the United States, you must report to probation by telephone or in writing within 30 days of departure.	<input type="checkbox"/> THI	Report any law enforcement contacts to probation officer within 48 hours.

ADDITIONAL ORDERS OF THE COURT

<input checked="" type="checkbox"/> TXX	Pay court operations assessment fee of \$40 per convicted charge (PC § 1465.8).	<input type="checkbox"/> TXL	Pay cost of pre-sentence report in amount to be determined by Probation, not to exceed \$ _____ (PC § 1203.1b).
<input checked="" type="checkbox"/> TXW	Pay court conviction assessment fee of \$30 per convicted misdemeanor/felony charge (GC § 70373).	<input type="checkbox"/> TXM/A	Pay cost of probation supervision in an amount to be determined by Probation. Based on the level of supervision, the costs will range from \$ _____ to \$ _____ (PC § 1203.1b).
<input type="checkbox"/> TXW1	Pay court conviction assessment fee of \$35 per convicted infraction charge (GC § 70373).	<input type="checkbox"/> TEE	Pay the actual cost of court ordered drug testing through the court as directed by Enhanced Collections.
<input type="checkbox"/> TXV2	Pay citation fees of \$10 (GC § 29550).	<input type="checkbox"/> DORECA	Report to Enhanced Collections immediately, or within two business days after release, regarding ability to pay attorney fees; total hours _____.
<input type="checkbox"/> TXV3	Pay O.R. fees of \$25 (GC § 29550).	<input type="checkbox"/> CFAF	Court finds defendant has the ability to reimburse the county for attorney fees at the standard rate of \$119.50 per hour. Attorney fees ordered in the amount of \$ _____.
<input type="checkbox"/> TBAL	Pay drug lab fee and penalty assessment of \$190 (H&S § 11372.5).	<input checked="" type="checkbox"/> FNPAF	Any fine/fee not paid in full by <i>4/2/13</i> will be subject to a \$50 administrative fee (PC § 1205(d)).
<input type="checkbox"/> TBOL	Pay additional drug lab fee - total \$ _____ (H&S § 11372.5). (\$50 each additional conviction)	<input type="checkbox"/> FPC	Formal probation to convert to summary probation upon _____.
<input type="checkbox"/> TBBL	Pay drug education fee and penalty assessment of \$190 (H&S § 11372.7).	<input type="checkbox"/> PHS	Defendant is ordered to return to court on _____ at _____ in Dept. _____ for _____.
<input type="checkbox"/> TBQL	Pay additional drug education fee - total \$ _____ (H&S § 11372.7) (\$50 each additional conviction).		
<input type="checkbox"/> TBKL	Pay an alcohol and drug assessment fee of \$100 (VC § 23649).		
<input type="checkbox"/> TXP4	Pay AIDS Education fine of \$ _____ (PC § 1463.23)		
<input type="checkbox"/> TCS	Pay administrative fee equal to 15% of victim restitution (PC § 1203.1(l)).		

Revised 12/23/11 /Page 2
SHU-SMSBPAK CR002

I have read, I understand, and I accept these terms and conditions of probation on pages one and two.

Defendant: *Elaine James MD (3/18/13)* Defense Attorney: *[Signature]*

District Attorney: *[Signature]* Interpreter: _____

Dated: *3/18/13* IT IS SO ORDERED: *[Signature]* JUDICIAL OFFICER

NOTICE TO DEFENDANT: If you have been placed on probation, you have the right to ask the court either (1) to allow you to withdraw your plea of guilty or of nolo contendere and to enter a plea of not guilty, or (2), if you were convicted after a plea of not guilty, to set aside the verdict of guilty. (For details, see Penal Code section 1203.4.) If you have been convicted of a misdemeanor and not placed on probation, and one year has passed since pronouncement of judgment, you have the right to make a similar request. (For details, see Penal Code section 1203.4a.) Forms on which to make such requests are available in the clerk's office.