



**CLEAN SLATE PROGRAM**  
**HOW TO APPLY:**

- STEP #1 - FILL OUT FORMS:** The “Clean Slate Program Application” and “Application For A Court Appointed Attorney.” can be obtained by calling main office or viewing website.
- STEP #2 - OBTAIN A COPY OF YOUR CRIMINAL HISTORY (“RAP”) SHEET Cost: \$5.00 (or use fee waiver form)**
- In person:** You can get a copy of your San Francisco criminal history record in person with the fee waiver form that has been attached to the application. Simply take the fee waiver form or \$5.00 to the SFPD Identification Bureau along with a valid picture identification card.
- By mail:** Rap sheets can also be obtained by mailing the \$5.00 fee (*cashier’s check or money order*) and a notarized written request letter for the rap sheet, copies of your state identification and social security cards to the SFPD Identification Bureau. If you need further assistance in obtaining your RAP sheet, please contact us directly.

**S F P D Identification Bureau**  
Hall of Justice  
850 Bryant Street  
Room 475 - 4<sup>th</sup> Floor  
San Francisco, CA 94103

**Open to Public for RAP Pick-Up**  
**Monday - Friday**  
**8:00 a.m. - 3:00 p.m.**

- STEP #3 - Return all three items:** (1) completed application form; (2) completed financial application form and (3) copy of your local RAP sheet to the:

**PUBLIC DEFENDER’S OFFICE**  
**Attn: Clean Slate Program**  
**555 Seventh Street, 2<sup>nd</sup> Floor**  
**San Francisco, CA 94103**

Either in person (Monday-Friday 9:00-5:00)  
Or by Mail - **Please do not send or leave your application with any walk-in clinics!!!**

Our office is about 1 block away from the Hall of Justice so we suggest that whenever you pick up your RAP sheet you immediately stop by our office and drop your application off with the front desk. You do not need to meet with the attorney to drop off the package and the front desk can make a copy for your records.

**Please remember to keep a copy of all documents you submit to us for your own records.**

- STEP #4 -** Once we receive and review your application and rap sheet, you will receive an introductory letter within four weeks letting you know what the next step of the process, depending on which services you are requesting.

**PLEASE ALWAYS LET US KNOW ANY CHANGE OF ADDRESS OR TELEPHONE NUMBERS!**

**If you have any further questions:**

- \* Feel free to visit our website at [www.sfpublicdefender.org](http://www.sfpublicdefender.org)
- \* We have **walk-in clinics** in several San Francisco locations (see attached flyer)
- \* We can be reached at (415): 553-9337  
(Clearly leave your name, phone number and a brief message)
- \* You may also reach us via e-mail at [cleanslate@sfgov.org](mailto:cleanslate@sfgov.org)



**Office of the Public Defender**  
City and County of San Francisco

Jeff Adachi  
Public Defender

Teresa Caffese  
Chief Attorney

**CLEAN SLATE PROGRAM**  
**How We Can Help Clean Your Record**

**EXPUNGEMENT: (Penal Code Section 1203.4):**

We can have your conviction dismissed so that when you apply for most jobs, you can legally say that you were not convicted of that crime. To qualify, the following must be true: **(1)** you are not on probation or parole; **(2)** you are not currently charged with a crime; **(3)** you are not currently serving a sentence and **(4)** your conviction is from San Francisco City and County.

**A simple expungement takes approximately 3 - 4 months.**

**SEAL AND DESTROY AN ARREST RECORD: (Penal Code Section 851.8):**

To qualify, the following must be true: **(1)** you were arrested in San Francisco City and County **and not convicted**; **(2)** you are factually innocent of the charges for which you were arrested in other words no reasonable cause exists to believe that you committed the offense for which you were arrested; and **(3)** you are seeking this petition within **2 years** from the date of your arrest **unless** you have a valid reason for not requesting to seal the arrest record earlier **and** the prosecutor is not prejudiced by the delay in time. If all three of the above conditions are true, we may be able to seal and destroy the record of your arrest.

**A simple sealing and destroying of an arrest record takes approximately 10 - one year.**

**CERTIFICATE OF REHABILITATION: (Penal Code Section 4852.01 et seq):**

Convictions that resulted in a state prison sentence cannot be expunged. However, you may qualify for a certificate of rehabilitation. Once a certificate of rehabilitation is granted it is forwarded to the Governor's Office as an application for a pardon. To qualify, the following must be true: **(1)** you live in San Francisco City and County; and **(2)** it has been minimum of 5 years to a maximum of 10 years since your discharge from incarceration **or** release on parole or probation.

**A simple certificate of rehabilitation takes approximately 10 - one year.**

**END PROBATION: (Penal Code Section 1203.3):**

If you are still on probation, we may be able to terminate probation and then ask for an expungement.

**You must have a very good reason for the early termination**, such as having a job offer that depends on your not being on probation or the early termination was agreed upon at the time of your conviction. Additionally, you must have successfully fulfilled all conditions of probation before requesting early termination.

**A simple early termination of probation takes approximately 3 - 4 months.**

**REDUCE A FELONY TO A MISDEMEANOR: (Penal Code Section 17b)**

If you have a felony conviction and are still on probation, we can reduce the felony to a misdemeanor **if there was an agreement** at the time of your conviction.

**A simple felony reduction takes approximately 2 - 3 months.**

# **CLEAN SLATE**

## **2009**

### **NEW HOURS**

#### **WALK IN CLINICS**

**Every Monday 3-5 pm  
Arriba Juntos  
1850 Mission Street**

**Every Tuesday 9-11 am  
Office of the Public Defender  
555 7th Street**

**1<sup>st</sup> Wednesday of the Month  
3-5 pm  
Up From Darkness  
1075 Fillmore Street**

**4<sup>th</sup> Wednesday of the Month  
3-5pm  
Village Community Center  
1099 Sunnydale Avenue**

**1<sup>st</sup> and 3<sup>rd</sup> Thursday of the Month  
9-11 am  
Southeast Community Center  
1800 Oakdale Avenue**

SAN FRANCISCO PUBLIC DEFENDER  
**CLEAN SLATE PROGRAM APPLICATION**

**1. PERSONAL INFORMATION**

TITLE:	FIRST NAME:	MIDDLE NAME:	LAST NAME:	AKA:
DATE OF BIRTH:	DRIVERS LICENCE NO:	SOCIAL SECURITY NO:		U.S. CITIZEN, IF NO, STATUS: <input type="checkbox"/> No <input type="checkbox"/> Yes
OK TO LEAVE VM: <input type="checkbox"/> No <input type="checkbox"/> Yes	OK TO MAIL: <input type="checkbox"/> No <input type="checkbox"/> Yes	REASON(S) FOR REQUEST: HOUSING, EMPLOYMENT, GENERAL ASSISTANCE, FINANCIAL AID AND/OR OTHER		

**2. CONTACT INFORMATION**

STREET:	APT:	CITY:	ZIP CODE:
PHONE:	ALT PHONE:	EMAIL:	

**3. MISC INFORMATION**

HAVE YOU SUFFERED ANY OTHER ARREST OR CONVICTIONS FROM ***OTHER COUNTIES?***  No  Yes (explain below - required)

Date	Arrest or Conviction	County	Type of Charge / Conduct

**4. CURRENT INFORMATION**

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

Are you currently on probation?	<input type="checkbox"/> No <input type="checkbox"/> Yes -If yes, where & until when _____
Are you currently on parole?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you currently serving a sentence?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you currently charged with a crime?	<input type="checkbox"/> No <input type="checkbox"/> Yes

How did you hear about the Clean Slate Program?

Previous lawyer named: \_\_\_\_\_

Organization called: \_\_\_\_\_

Other, please explain: \_\_\_\_\_

**Unit Acceptance Notes:**

**CLEAN SLATE PROGRAM FINANCIAL APPLICATION**  
(Required for all applicants)

PLEASE PRINT  
NAME:

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Married or Living w/ Life Partner  Separated  Divorce  Single

Are you employed?  Yes  No What is your ANNUAL GROSS INCOME? \$ \_\_\_\_\_

EMPLOYER'S NAME: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

I RECEIVE MONEY FROM:  Welfare  Disability  Social Security  Unemployment  Relatives

TOTAL AMOUNT RECEIVED ANNUALLY: \_\_\_\_\_

Does anyone contribute to your monthly expenses?  Yes  No

Who? \_\_\_\_\_ Monthly Amount(s): \$ \_\_\_\_\_

Is your spouse employed? \_\_\_\_\_ SPOUSE'S ANNUAL GROSS INCOME: \$ \_\_\_\_\_

PLEASE LIST YOUR MONTHLY BILLS:

Amount of Rent/Mortgage/Utilities: \$ \_\_\_\_\_ Child/Spousal Support: \$ \_\_\_\_\_ Credit Cards \$ \_\_\_\_\_

Other Debt: \_\_\_\_\_ Do you own your own home?  Yes  No Value of Home: \$ \_\_\_\_\_

Number of persons you support \_\_\_\_\_ AMOUNT OF SUPPORT PER MONTH \$ \_\_\_\_\_

Do you have a bank account?

Yes  No

Do you or your spouse own an Automobile, Truck, RV, Trailer, Motorcycle or Boat?

Yes  No YEAR/MAKE: \_\_\_\_\_ APPROXIMATE VALUE: \$ \_\_\_\_\_

Do you or your spouse have any money coming from Tax Refunds, Lawsuits, Pensions, Trust Funds, an Estate, or any other compensations?  Yes  No AMOUNT EXPECTED: \$ \_\_\_\_\_

I declare, under penalty of perjury, that the information provided above is true and correct. I further understand that at the conclusion of my case, the court may order a fee hearing to determine my present ability to pay some or all of the cost to the City and County of San Francisco. If the court finds I have the present ability to pay, I understand I will be ordered to reimburse the courts and the city and county of San Francisco

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_