

XAVIER BECERRA
Attorney General

State of California
DEPARTMENT OF JUSTICE



FAX TRANSMISSION COVER SHEET

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DATE: 4/26/2017 **TIME:** 9:29 AM **NO. OF PAGES:** 6
(including cover sheet)

TO:

NAME: WAYLAND CHANG
OFFICE: CONTRA COSTA CO PUBLIC DEFENDER OFFICE
LOCATION: MARTINEZ, CA
FAX NO: 925 335 8010 **PHONE NO:** 925 335 8000

FROM:

NAME: _____
OFFICE: DEPT. OF JUSTICE - COMMAND CENTER
LOCATION: SACRAMENTO
FAX NO: 916-456-0351 **PHONE NO:** 916-227-3244

MESSAGE/INSTRUCTIONS

PLEASE DELIVER AS SOON AS POSSIBLE!
FOR ASSISTANCE WITH THIS FAX, PLEASE CALL THE SENDER

XAVIER BECERRA
Attorney General

State of California
DEPARTMENT OF JUSTICE



Information Expedite Program
P.O. Box 903387
Sacramento, CA 94303-3870
Public: (916) 227-3244

Record of Request

To Whom It May Concern:

The Criminal Penal Code prohibits dissemination of criminal history information to unauthorized agencies. California Penal Code Section 11105, specifies the criteria necessary to obtain California Department of Justice criminal history information. If you feel that your agency is authorized to receive criminal history information, please send a copy of the applicable authorization statute, ordinance, regulation rule or executive order to:

Department of Justice
Information Expedite Program
P.O. Box 903387
Sacramento, CA 94203-3870

If you have any questions concerning the availability of dissemination or criminal history information please contact the Supervisor of the Command Center at (916) 227-3244.

Sincerely,

A handwritten signature in black ink, appearing to read "Nicole J.", written over a white background.

NICOLE QUINN, Manager
Information Expedite Services Section
Bureau of Criminal Identification & Investigative
Services

For XAVIER BECERRA
Attorney General

Enclosures

XAVIER BECERRA
Attorney General

State of California
DEPARTMENT OF JUSTICE



P.O. BOX 903387
Sacramento, CA 94303-3870
Public: (916) 227-3244
Fax: (916) 456-0351

CERTIFICATION OF ATTORNEY OF RECORD

I, _____ declare under penalty of perjury that I am the attorney

representing the defendant in the criminal case of _____ -v-

_____ in the _____ Court

in the County of _____

Signed: _____ Date: _____
(Public Defender/Attorney of Record)

Signed: _____ Date: _____
(Presiding Judge, District Attorney, Court Clerk)

Mail with your record name check to: .

STATE OF CALIFORNIA
DEPARTMENT OF JUSTICE
COMMAND CENTER – ROOM G-210
P.O. BOX 903387
SACRAMENTO, CA 94303-3870

Instructions for Submitting "Request for Record Transcript"

The "Request for Record Transcript" **must** be submitted in duplicate. Include only on subject per request.

1. Enter the following **mandatory** information:
 - Agency name and address
 - Subject name and date of birth
 - Purpose of request
 - Authorized signature (Public Defender, Attorney of Record, Judge or Court Clerk), title, phone, and date

Completion of all available information on the subject of your inquiry will ensure optimum record check results.

2. Purpose of the request – the following purposes are acceptable:
 - Criminal investigation (**specify type of crime**)
 - Correctional facility security
 - Criminal intelligence
 - Probation report of investigation
 - Subject in custody (**specify type of crime**)
 - Absent parents
 - District Attorney investigation
 - Certificate of Rehabilitation and Pardon
3. All requests for employment, licensing, or certification must be submitted via livescan (out-of-state submissions; use fingerprint card) with appropriate fees attached and submitted to the Bureau of Criminal Identification and Investigative Services. The following purposes are exempt, and agencies may use the Request for Record Transcript form:
 - Pre-employment clearances on peace officers as defined in Section 830 through 832.6 of the Penal Code
 - Grand Jury Candidates submitted by a court-appointed officer
 - Where the immediate health and/or safety of a child is involved
 - Pre-employment/appointment clearances from the Governor's Office
 - Pre-employment/appointment clearances from the Senate Rules Committee
 - Pre-employment clearances on applicants for Department of Justice, Division of Law Enforcement positions
4. The authorizing signature, title, fax number, and phone number of the person requesting the information is required to comply with criminal record security regulations.
5. Defense attorneys must attach the "Certification of Attorney of Record."

Mail requests to:

California Department of Justice BCIIS
Post Office Box 903417
Room G-210
Sacramento, CA 94203-4170
Attention: Command Center

If you have any questions, contact the Command Center Supervisor at (916) 227-3244.

STATE OF CALIFORNIA
 DEPARTMENT OF JUSTICE
REQUEST FOR RECORD TRANSCRIPT
 (Submit in Duplicate)

Please see the reverse of this form for instructions
 PRINT OR TYPE CLEARLY

Forward this request to:
 Department of Justice
 Bureau of Criminal Identification
 and Information
 P. O. Box 903417, Room G210
 Sacramento, CA 94203-4170
 Attn: Command Center

 Requesting Agency

 Street/P.O.Box

 City State Zip Code

Requesting Agency Case Number: _____

CII Number: _____
 Wants: _____

Please furnish the following information:

Last Name		First	Middle
Aliases/Maiden Name			
Address (No, Street, City, Zip Code)			
DESCRIPTION			NUMBERS
Date of Birth _____	Hair _____		SS _____
Place of Birth _____	Eyes _____		DL _____
Race _____	Height _____		FBI _____
Male _____ Female _____	Weight _____		Prison _____

To obtain criminal offender record information, a person must have BOTH the RIGHT TO KNOW and the NEED TO KNOW as defined in Penal Code Section 11077 as follows:

- o The "Right to Know" is the right to obtain criminal offender record information pursuant to court order, statute, or decisional law.
- o The "Need to Know" is the necessity to obtain criminal offender record information in order to execute official responsibilities.

CRIMINAL OFFENDER RECORD INFORMATION CANNOT BE USED FOR EMPLOYMENT, LICENSING, OR CERTIFICATION PURPOSES EXCEPT AS PROVIDED BY LAW.

The purpose of this request is:
 (See reverse of form _____
 for acceptable purposes)
 Cite the reason (numeric/literal) _____

I CERTIFY THAT THE INFORMATION OBTAINED AS A RESULT OF THIS REQUEST WILL BE USED FOR AUTHORIZED PURPOSES ONLY.

 Authorized Signature

 Printed Name (see PC 11105(b)&(c))

 Title

 Phone Fax #

 Date

Name Search in Bureau of Criminal Identification
 Files Indicates That:

**PUBLIC DEFENDER****Contra Costa County**

Robin Lipetzky
Public Defender

Central/East Office

Supervising Attorneys

Patrick Cannon
Michelle Dawson
Elizabeth Harrigan
Jonathan Laba
Karen Moghtader

April 26, 2017

ATTN: ONYX
California Department of Justice Command Center
PO Box 903417
Sacramento, CA 903417

Dear Sir or Madam,

I am a new add to the system. I am a Legal Assistant at the Contra Costa County Public Defender. My supervisor's name and title is Ellen McDonnell, Reentry Coordinator and Deputy Public Defender. The phone number and address for my agency are at the bottom of this page.

My primary duty is obtaining Certificates of Rehabilitation for clients. In order to properly fill out a petition for a Certificate of Rehabilitation, I need a client's complete criminal history. Under Penal Code section 11105(b)(8), the Attorney General shall furnish state summary criminal history information to: "A public defender or attorney of record when representing a person in proceedings upon a petition for a certificate of rehabilitation and pardon pursuant to Section 4852.08."

I am seeking CORI for the following people for which the Contra Costa County Public Defender is representing in a petition for a certificate of rehabilitation:

Celia Huerta aka Celia Greco (DOB 02/10/1973)

Paul Vienna (DOB 09/29/1961)

Sincerely,


Wayland Chang
Legal Assistant