



**RON FREITAS**  
*District Attorney, San Joaquin County*  
PROTECTING OUR COMMUNITY SINCE 1850

## REQUEST FOR SENTENCE REVIEW

**The Post-Conviction Review Unit will review the following cases:**

**Check reason(s) for request below:** (check all that apply)

- \_\_\_ Seeking the District Attorney's recommendation for release (**AB 2942**, eff. 1/1/2019) \*
- \_\_\_ Seeking re-sentencing under the Felony-Murder Rule (**SB 1437**, eff. 1/1/2019) \*

In order for the PCRU to conduct a review of a sentence, a petitioner making a request must meet the following prerequisites:

- The petitioner is currently incarcerated.
- The petitioner must have been convicted in San Joaquin County.
- The petitioner was convicted of a felony. Priority review will be given to petitioners who are serving a lengthy sentence. Crimes that involved particularly heinous conduct or vulnerable victims will be given the lowest priority.
- The petitioner was not convicted of a special circumstance (Penal Code § 190.2) and sentenced to life without the possibility of parole. Special circumstances cannot be dismissed by law.
- The petitioner's appeals must be final and there can be no pending habeas corpus petitions.

The Unit will give priority to cases where the applicant is in custody and serving a substantial prison sentence.

**Information required for submission with this form:** Defendants or their representative(s) must complete and submit the form provided on the next six (6) pages **(please use additional pages if needed and provide the additional materials via US Mail to the address below):**

San Joaquin County District Attorney's Office  
Attention: **Post-Conviction Sentence Review Unit**  
222 E. Weber Avenue, Suite 202  
P.O. Box 990  
Stockton, CA 95201

**For QUESTIONS email:  
Conviction.Integrity@sjcda.org**

**Contact/Identification Information**

1. Defendant's/Petitioner's name: \_\_\_\_\_
2. Date of birth: \_\_\_\_\_
3. X-Ref or CDCR Number: \_\_\_\_\_
4. Contact Information: \_\_\_\_\_  
\_\_\_\_\_
5. Attorney of record at time of conviction: \_\_\_\_\_
6. Current attorney, if any: \_\_\_\_\_
7. If submitted by another person on behalf of Defendant, list your relationship to Defendant and your name and contact information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. If this request is submitted by someone other than the person convicted, have you obtained the written consent of the person convicted to file this request?  
\_\_\_\_\_ Yes      \_\_\_\_\_ No
9. If the defendant is currently in custody, where is the defendant currently housed (prison, jail, etc.)? \_\_\_\_\_

**CONVICTION INFORMATION**

1. San Joaquin County Superior Court Case Number: \_\_\_\_\_
2. Crimes of conviction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Sentence enhancements, if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Date of conviction: \_\_\_\_\_
5. Was the conviction by jury trial, court trial, plea of guilty, or by plea of nolo contendere (no contest)? \_\_\_\_\_
6. Length of sentence imposed: \_\_\_\_\_

**APPEAL INFORMATION**

1. Was there a direct appeal of the conviction?  
 Yes       No
  - a. If yes, who was your attorney on direct appeal? \_\_\_\_\_
  - b. If yes, please list the appellate case number: \_\_\_\_\_
  - c. If yes, please list the date the appeal was filed: \_\_\_\_\_
  - d. If yes, are there any proceedings currently pending?     Yes     No
  - e. If there are no pending proceedings, please list date decided (i.e. the date the opinion was issued or mandate was returned): \_\_\_\_\_
  
2. Were there any State or Federal Writs filed in the case?     Yes     No
  - a. If yes, who was your attorney on the writ(s)? \_\_\_\_\_
  - b. If yes, please list the Habeas Corpus case number: \_\_\_\_\_
  - c. If yes, are there any proceedings currently pending?     Yes     No
  - d. If there are no pending proceedings, please list date decided (i.e. the date the opinion was issued or mandate was returned): \_\_\_\_\_

**PLEASE PROVIDE INFORMATION RELATING TO THE  
POTENTIAL THREAT TO PUBLIC SAFETY**

**Your responses to the following questions may require you to submit  
additional documentation via MAIL after you submit this form to the  
Post-Conviction Review Unit**

1. Please describe any behavioral or disciplinary history during Defendant's incarceration:  

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2. Please list any documentation or other evidence regarding Defendant's behavioral or disciplinary history during incarceration:  

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3. Please describe activities that indicate Defendant's rehabilitation or the potential for rehabilitation, such as completion of programs (if available) or self-study.  

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4. Please list any documentation or other evidence regarding Defendant's rehabilitation or the potential for rehabilitation, such as completion of programs (if available) or self-study (e.g., certificates, letters of support, etc.)  

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5. Please describe Defendant's post-release plans for education, employment, other forms of financial support:  

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6. Please describe Defendant's post-release housing plan(s):  

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7. Please describe Defendant's familial or other support system upon which Defendant will rely if released:

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8. Please describe Defendant's post-release plans relating to Defendant's programming needs (e.g., Alcoholics Anonymous, Narcotics Anonymous, Anger Management, etc.):

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9. For Defendant: Please describe your feelings about the impact of your crime(s) upon the victim(s):

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10. For Defendant: Please describe your feelings of remorse for your crime(s):

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11. Please list the documents you will provide via **MAIL** which support your feelings of remorse as described above:

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12. For **ONLY** those applying for relief under **SB 1437** (Felony-Murder Rule), please check the factor(s) you believe qualify you for relief:

- Not the actual killer
- Not a major participant
- Did not act with reckless indifference to human life

Please attach copies of any relevant documents referenced above and any other information relevant to the type of relief sought that would assist the District Attorney's Office in determining whether to grant the requested relief. Please provide any additional documentation via **MAIL** only.

Name of person submitting this request: \_\_\_\_\_

Signature of person submitting this request: \_\_\_\_\_

Dated: \_\_\_\_\_

Return the completed copy of your **Request for Sentence Review** form and all other requested documentation to the following address via U.S. Mail or e-mail:

San Joaquin County District Attorney's Office  
Attention: **Conviction Integrity Unit**  
222 E. Weber Avenue, Suite 202  
P.O. Box 990  
Stockton, CA 95201

Email:

**Conviction.Integrity@sjcda.org**