



TORI VERBER SALAZAR
District Attorney, San Joaquin County

SCOTT A. FIGHTNER
Assistant District Attorney

KRISTINE M. REED
Assistant District Attorney



DAVID J. DERKSEN
Chief Investigator

REQUEST FOR SENTENCE REVIEW

This form will focus on the following type of case:

Seeking the District Attorney's recommendation for release (AB 2942, eff. 1/1/2019)

The Post-Conviction Review 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 and FORM SUBMISSION only:
email Conviction.Integrity@sjcda.org**

Contact/Identification Information

1. Defendant's name: _____
2. Defendant's 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:

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

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

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.)

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

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

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

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

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

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

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

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