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District Attorney, San Joaquin County

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REQUEST FOR SENTENCE REVIEW

This form will focus on the following type of case:

**Seeking the relief pursuant to Penal Code 1170.95 for changes to Felony Murder Rule
(SB 1437, 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 four (4) pages **(please use additional pages if needed and provide the additional materials via US Mail to the addresses 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

AND

Superior Court of California
San Joaquin County, Criminal Department
180 East Weber Avenue, Suite 202
Stockton, California 95202

AND

Your Attorney (if you have one)

If not:

San Joaquin County Public Defender's Office
102 South San Joaquin Street, Room 1
Stockton, California 95202

**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 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 addresses via U.S. Mail or e-mail:

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222 E. Weber Avenue, Suite 202
P.O. Box 990, Stockton, CA 95201

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