



Denver District Attorney's Office

APPLICATION FOR SENTENCE REVIEW

INSTRUCTIONS

Either the defendant or the defendant's representing attorney may complete this form. If the defendant is currently represented by an attorney, the Conviction Review Unit staff will only communicate with that attorney.¹ The Denver District Attorney's Office cannot provide legal advice and does not represent applicants to the Conviction Review Unit ("CRU"). Any applicants completing this form are encouraged to consult with an attorney before submitting it.

Where "petitioner", "you" or "your" is indicated, the requested information needs to be provided about the person seeking to have his/her case reviewed by our office. If the person completing this petition is not the petitioner, please indicate that in the appropriate box below

The CRU will only accept cases for review where the following apply:

1. You must have been convicted of a felony in the City and County of Denver; **and:**
2. You have served over 10 years and are over the age of 50; or
3. You have served over 15 years and are over the age of 35; or
4. You are serving a sentence for non-crime of violence habitual counts; or
5. You have a documented serious medical condition or are terminally ill.

This document is eight (8) pages. Please make sure all pages are complete. ***Do not send original documents or your only copy of any documents.*** Incomplete applications will not be accepted. Make sure to keep a copy of this document for your own records.

Once this form is complete, please email it to convictionreview@denverda.org or mail it to: 201 W. Colfax Ave., 8th Floor, Denver, CO 80202, Attn: Conviction Review Unit

¹ The Denver District Attorney's Office cannot provide legal advice. Please consult with an attorney if you need assistance or have any questions regarding anything contained in this application.



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PETITIONER INFORMATION

Your Name:	DOC Number:
Address:	Date of Birth:
Original Case Number(s):	Sentence:

Did the conviction happen in the City and County of Denver?

- Yes No

Are you currently serving their sentence from this conviction?

- Yes No

If yes, where is time being served:

- in prison on probation on parole

Is English your primary language Yes No

If not, what language do you normally speak? _____

Is someone reading this form to you? Yes No

Is someone completing this form for you? Yes No

If yes, who? _____



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List all the attorney(s) and contact information who have represented you at trial or on any appeal of the case in review:

	Attorney Name	Attorney Email	Attorney Phone Number
Trial			
Direct Appeal			
Post-Conviction			

Were you found guilty by:

a jury or judge

OR

a guilty plea

Name of the sentencing judge:

Are there any active appeals or post-conviction motions? Yes No

If yes, please provide the case number: _____

Were any post-conviction motions previously filed in this case? Yes No

If yes, please provide case number(s): _____



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SENTENCE EQUITY INFORMATION

*For the following, check every box for every statement **that is true**.*

Check as many boxes as needed. If none apply, check the box saying, "None of the above statements apply."

- I have served over 10 years and am over the age of 50.
- I have served over 15 years and am over the age of 35.
- I did some, but not all, of the crimes in which I was convicted.
- I did something illegal but was drunk, high or otherwise incapacitated at the time of the incident.
- I did something illegal, but I have a condition that affects my ability to act or understand right from wrong.
- I did something illegal because I was forced by someone else.
- I did something illegal but received too much prison time.
- I was between 18-25 years old at the time of the crime.
- I was a juvenile at the time of the crime.
- I was adjudicated as a habitual offender.
- I was sentenced in the aggravated range.
- My sentence was run consecutively to another sentence.
- I have a serious medical condition or am terminally ill.
- None of the above statements apply.

If you were adjudicated as a habitual offender, please list the underlying offenses:



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Use the space below to provide any additional information that demonstrates that your sentence is unjust or that you are rehabilitated. You may attach additional sheets if necessary.



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REQUIRED ACKNOWLEDGMENTS

Please initial each statement indicating you accept and understand each statement.

- The CRU is a program of the Denver District Attorney's Office. The lawyers are not defense lawyers. They do not provide legal advice.
- I understand I am providing information to a prosecutor's office and that any statements here are provided voluntarily and without coercion by anyone.
- I understand my statements on this application can be used against me.
- I am not currently represented by an attorney, or I am currently represented by an attorney but wish to submit this application after consulting with my attorney.
- No one has promised me anything in exchange for completing this application.
- I understand the CRU reviews cases based on its own standards and my case may or may not be reviewed or investigated.
- I understand the CRU may contact any of the people I have listed here to speak with them about my conviction.

The following statements are optional; you do not have to accept them for the CRU to reviewing your case:

- I give my attorneys and former attorneys permission to share information from their files with the CRU.
- I give the Denver District Attorney's Office permission to access any information obtained through the Justice Review Project I and/or II.

Printed Name

Signature

Date