



## 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.<sup>1</sup> 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 and complete the section.

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

1. You must have been convicted of a felony in 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 on non-crime of violence habitual counts; or
5. You have a documented serious medical condition or are terminally ill.

This document is eight 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.

Once this form is complete, please email it to [convictionreview@denverda.org](mailto:convictionreview@denverda.org) or mail it to: 370 17<sup>th</sup> Street, Suite 5300 Denver, CO 80202, Attn: Conviction Review Unit

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<sup>1</sup> 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**

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

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

- Yes  No

Is the Defendant 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 writing on this form for you?  Yes  No



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Are you **currently** represented by a lawyer?     Yes     No

If yes:

Name of Attorney \_\_\_\_\_

Attorney contact information: \_\_\_\_\_

If no, are you interested in obtaining a court-appointed attorney?<sup>2</sup>     Yes     No

**CASE INFORMATION**

List all offenses you were charged with in this case:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all offenses you were convicted of in this case:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide dates for the following:

Date the crime occurred:	_____	_____	_____
Date the defendant was arrested:	_____	_____	_____
Date of sentencing:	_____	_____	_____

<sup>2</sup> Checking this box is only an expression of interest in an attorney. The CRU cannot guarantee that the court will appoint an attorney for you.



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List all the attorney(s) and contact information who have represented the defendant 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**

Defendant entered 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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If you have a serious medical condition or are terminally ill, please list the condition or diagnosis:

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Please list all programs completed/certificates obtained while incarcerated:<sup>3</sup>

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<sup>3</sup> Please do not include copies of certificates.



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If there is any additional information that demonstrates that the sentence is unjust or your rehabilitation since the crime, use the space below and additional sheets of paper to provide it.



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**REQUIRED ACKNOWLEDGMENTS**

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

The Conviction Review Unit 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 lawyer.

No one has promised me anything in exchange for completing this application.

I understand the Conviction Review Unit reviews cases based on its own standards and my case may or may not be reviewed or investigated.

I understand the Conviction Review Unit may contact any of the people I have listed here to talk with them about my conviction.

The following statements are optional; you do not have to accept them for the CRU to begin 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