



**CROOK COUNTY DISTRICT ATTORNEY
Crook County Courthouse
300 NE Third Street
Prineville, OR 97754**

Senate Bill 819 Resentencing Request

The Crook County District Attorney's Office will review every SB 819 resentencing request with the goal of promoting public safety by delivering justice. Great deference will be given to a sentence already issued. Sentence Judgments are the product of careful evaluation by the defense, prosecution and a judge. The public and victims rely upon the finality of that process. Reopening an already closed case is of no small import to the taxpayers who pay for our system of justice. Therefore, the following instructions must be followed and questions completely answered before a resentencing request will be considered. Incomplete Resentencing Request packets will be automatically rejected.

1. Full Legal Name including previous alias':

2. DOB:

3. Mailing address:

4. Case number(s):

5. SID Number:

6. Projected date of release (if applicable):

7. Counts numbers & name(s) of crime(s) you want us to consider for resentencing:

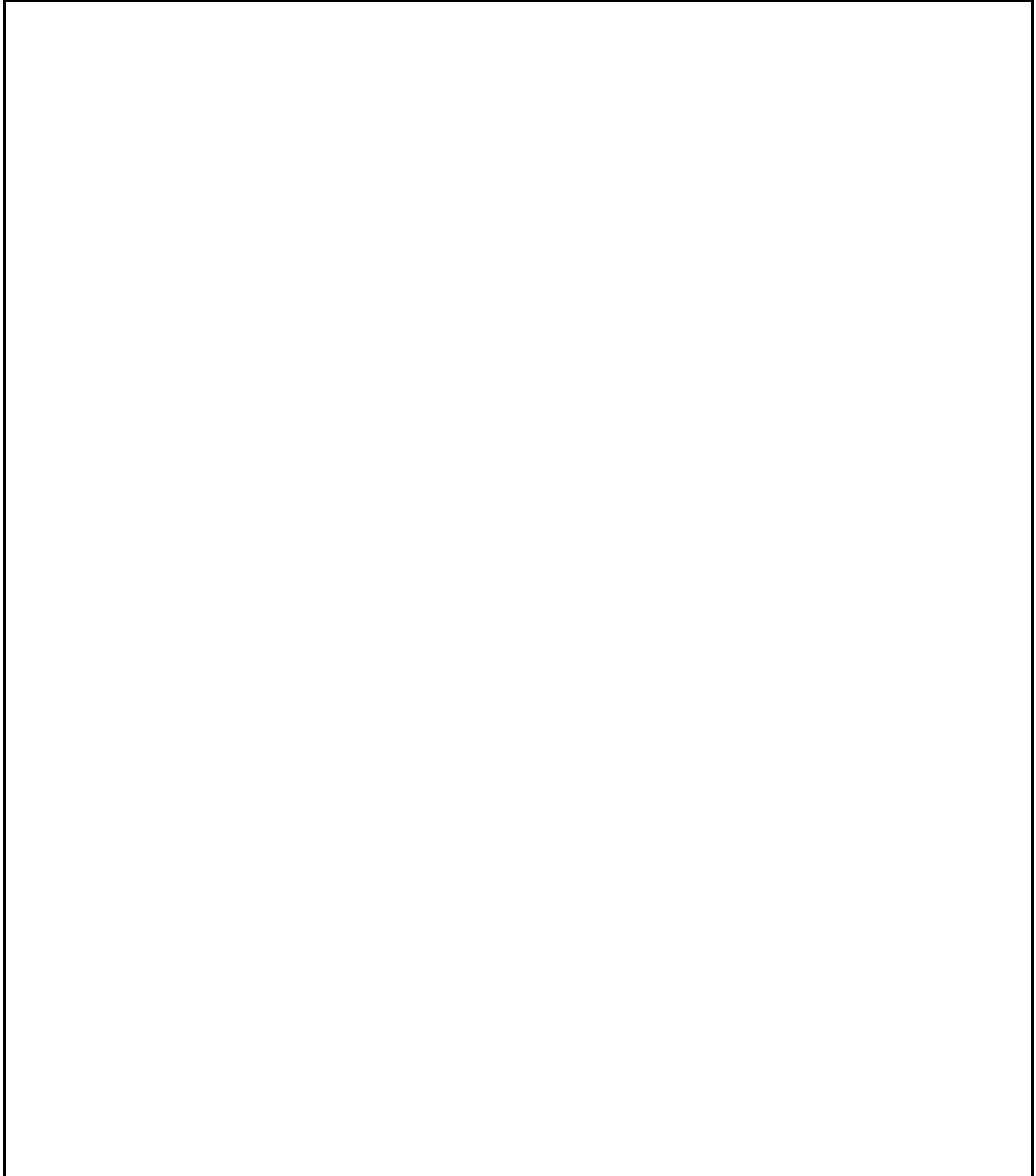
8. Victim name of each count:

9. Name of defense attorney that represented you at sentencing:

10. It is important for us to consider your thoughts on the crime you committed and reasons that caused you to be incarcerated. Please tell us what you did and what led to you committing the crimes for which you were convicted:

A large, empty rectangular box with a black border, intended for the respondent to provide their answer to the question above. The box is currently blank.

11. If you were sentenced to Department of Corrections (DOC) supervision or incarceration, then please provide written proof from the Department of Corrections outlining your discipline history or lack of discipline history. This should cover all of your time in DOC custody or under DOC supervision. Please explain the history attached below:

A large, empty rectangular box with a black border, intended for the applicant to provide written proof of their discipline history or lack thereof, as requested in the text above.

12. If you were sentenced to Department of Corrections (DOC) supervision or incarceration, then please provide written proof from the Department of Corrections describing all programs you have signed up for and completed while in DOC custody or supervision. Please describe in the space below and provide proof of any evaluations and recommendations.

13. If you are currently incarcerated and are requesting a sentence reduction that requires your release, please list address where you will reside if you are released.

14. If you are currently incarcerated and are requesting a sentence reduction that requires your release, please provide the full name and date of birth of each person that will be living with you at the address identified in question 13 above.

15. Please describe your future plans. (Employment, education, family/support systems, recovery, goals, etc.) Use extra pages if needed.

Please include a signed cover letter wherein you describe the reasons as to why you believe your sentence should be re-sentenced.

Hard copies of all required materials must be submitted to the Crook County District Attorney's Office. Incomplete requests will be rejected. Our office cannot provide legal advice or assistance completing this request.