



## **SENTENCE REVIEW REQUEST FORM**

Mail to: Los Angeles County District Attorney's Office  
Resentencing Unit  
320 W. Temple St. Suite 540  
Los Angeles, CA 90012  
Email to: [RU@da.lacounty.gov](mailto:RU@da.lacounty.gov)

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Claim No. \_\_\_\_\_  
(To be supplied by the DA's office)

1. Convicted person's name: \_\_\_\_\_
2. Convicted person's date of birth (MM/DD/YYYY): \_\_\_\_\_
3. Is the convicted person incarcerated? Yes  No
4. If presently incarcerated, please provide the following information:
  - a. CDCR Number: \_\_\_\_\_
  - b. Prison where incarcerated: \_\_\_\_\_
  - c. Cell Location: \_\_\_\_\_
  - d. P.O. Box: \_\_\_\_\_
  - e. City, State, Zip: \_\_\_\_\_
5. Name and location of the court where the person was convicted and sentenced:  
\_\_\_\_\_  
\_\_\_\_\_
6. Los Angeles County Superior Court Case Number: \_\_\_\_\_
7. Provide the Penal Code section of the crime(s) the person was convicted of:  
\_\_\_\_\_
8. Date convicted: \_\_\_\_\_

9. Date sentenced: \_\_\_\_\_

10. Sentence received: \_\_\_\_\_

11. Age of the person at the time of commitment to prison: \_\_\_\_\_

12. Current security level: \_\_\_\_\_

13. Expected release date: \_\_\_\_\_

14. Current Classification Score: \_\_\_\_\_

15. List all serious rules violations in past five years:

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

16. If still incarcerated, please list any educational or rehabilitative programs engaged in while incarcerated:

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

17. Please provide a statement regarding why you believe resentencing is appropriate and what type of sentence is being sought.

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

18. Is the conviction currently being challenged in court? If so, please provide information regarding the pending litigation. Yes  No

19. If this request is being submitted by someone other than the person convicted, please state your relationship to the person convicted:

\_\_\_\_\_

20. If this request is being submitted by someone other than the person convicted, have you obtained the written consent of the person convicted to file this request? If, so please provide written consent.

Yes  No

21. Please provide your name, address, phone number and email address so that we may contact you:

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Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Type / Handwrite name

Once this questionnaire is received by the Los Angeles County District Attorney's Office, you will be contacted and informed of the status of your request.

**Please retain all original documentary evidence for your records.**