

### **Senate Bill 819 Application Process**

If a defendant requests a review of a prior conviction and/or sentence and the request is made for reconsideration pursuant to SB 819 (2021), the defendant must submit a “SB 819 Reconsideration Application.” Completed applications will be reviewed by the Sentence Reconsideration Committee, and the original DDA if appropriate, with a recommendation regarding disposition to be made to the District Attorney.

Convictions and sentences for misdemeanor crimes and for the crime of aggravated murder are statutorily ineligible for SB 819 reconsideration. Convictions and sentences for any level of murder or first degree rape, sodomy and unlawful sexual penetration are presumptively ineligible for SB 819 reconsideration pursuant to this policy. Convictions and sentences for a crime under ORS 137.700 (Measure 11) or a crime involving child abuse or domestic violence will only be SB 819 reconsidered in rare circumstances.

The following criteria will make an application presumptively ineligible for SB 819 review:

- Application is incomplete or includes false or misleading information
- Defendant’s case is eligible for a set aside pursuant to ORS 137.225
- Defendant’s case is currently pending appeal or post-conviction relief
- Defendant owes outstanding victim restitution
- Defendant has not served at least 50% of the original sentence
- Defendant has been convicted of a criminal offense subsequent to the crime in which reconsideration is being sought, or has pending charges in any jurisdiction.
- A request from the same defendant was denied in the last 36 months
- If sentenced to probation, defendant has not successfully completed probation or was revoked

The District Attorney reserves the right to deviate from this policy when required by the interests of justice.

### **SB 819 Reconsideration Application**

1. Full Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Email Address: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_
5. Employment Status: \_\_\_\_\_
6. Name, Address and Phone Number of Employer: \_\_\_\_\_
7. Name and Phone Number of Attorney, if applicable: \_\_\_\_\_

8. Criminal History: \_\_\_\_\_

\_\_\_\_\_

9. Conviction(s) for which relief is sought: \_\_\_\_\_

10. Case

Number(s): \_\_\_\_\_

11. Explain the conviction and sentence terms you would like to change (be specific. What is it you want changed? No conviction at all? Conviction of a different crime/ Reduction of prison sentence? Etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. These are the facts of my case: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. I am seeking relief because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. I would like the D.A.'s Office to consider the following mitigating Information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. I have had the following Probation Violations while under supervision:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. I had the following Jail/Prison Discipline History while in custody:
- 17.If I spent time in jail or prison, I have attached a complete record of my jail and prison disciplinary history.
- 18.If treatment was required, I have attached a complete record of my treatment records and a statement from my treatment provider indicating successful completion of probation.
19. Was there a victim to your crime? \_\_\_\_\_

**This Statement is true and accurate to the best of my knowledge and ability.**

**Dated:** \_\_\_\_\_

**Signed:** \_\_\_\_\_