



OFFICE OF THE HENNEPIN COUNTY ATTORNEY
MARY F. MORIARTY COUNTY ATTORNEY

APPLICATION FOR PROSECUTOR-INITIATED SENTENCE ADJUSTMENT

Please return this application to:

Hennepin County Attorney's Office
Prosecutor-Initiated Sentence Adjustment
300 South 6th Street
C-20 Government Center
Minneapolis, MN 55487

Please complete this submission form as fully as possible.
If you do not know the answer to a question, you may leave it blank.

Please **only apply** if:

- you are currently in prison
- you do not have an open case anywhere at any level (which includes post-conviction or direct appeal)
- you are not going to be released from custody before 2027
- you have served at least three years in prison, unless you have an extraordinarily urgent medical situation.

Hennepin County Attorney's Office

300 South 6th Street, C-20 Government Center, Minneapolis, MN 55487

PLEASE READ:

The Hennepin County Attorney's Office (HCAO) is working with lawyers at the University of St. Thomas School of Law (UST Law) to review and process applications for Prosecutor-Initiated Sentence Adjustment (PISA).

By submitting your application for PISA, you are allowing the HCAO to share information related to your case with UST Law. This may include your case file, public filings, and private data obtained after you submit a release of information, if we contact you with a request for a release of information.

Fill Out the Form Yourself or with Counsel

The expectation is that the person who is requesting a sentence adjustment will fill out the application and sign it themselves. If there is a reason that this cannot be done, please provide that information on a separate page and submit it with your application.

You are not required to have an attorney to fill out this application. Having an attorney will not change the speed of the process. But it is ok if you choose to fill out the application with an attorney.

If we decide to move forward with your application, an attorney can be appointed to work with you.

Extraordinarily Urgent Medical Situation

If you are applying due to an extraordinarily urgent medical situation, please do not send private medical information until HCAO/UST Law requests it.

Do Not Send Documents With the Application

Please do not send any documents except this application.

Timing of Review and Communication with Applicants

Unfortunately, the HCAO cannot provide an estimated date by which we will review your application. Due to the anticipated number of submissions, it will likely be some time before you are contacted about your submission. **Do not apply more than one time before hearing from us.** Incomplete forms will result in longer waiting periods, so please complete the answers as fully as possible.

HCAO/UST Law will inform you when your application has been received and initially reviewed. If we decide to move forward with reviewing your case, we will try to obtain an attorney for you, if and when an attorney is needed.

PROSECUTOR-INITIATED SENTENCE ADJUSTMENT ACKNOWLEDGMENT

PLEASE READ THE PROSECUTOR-INITIATED SENTENCE ADJUSTMENT
ACKNOWLEDGEMENT CAREFULLY BEFORE YOU SIGN.

The applicant must agree to all of the following statements. Please confirm your agreement by initialing to the right of each statement.

- | | |
|--|----------|
| 1. I acknowledge that I have been convicted of the offense(s) noted below by the State of Minnesota. | 1. _____ |
| 2. I am willing to cooperate with the review. | 2. _____ |
| 3. I understand the attorneys in the Hennepin County Attorney's Office may decide that my sentence does not meet the criteria for further review and decline to review it. | 3. _____ |
| 4. I understand that if the Hennepin County Attorney's Office declines to review my sentence, I have no right to appeal the decision. | 4. _____ |
| 5. I understand that sending this application will not extend the deadlines for any state or federal court filings. | 5. _____ |
| 6. I understand that the attorneys in the Hennepin County Attorney's Office do not represent me and cannot offer me legal advice. | 6. _____ |
| 7. I don't have a lawyer, or if I do, I have discussed this application with my lawyer. | 7. _____ |

ACKNOWLEDGMENT BY PETITIONER

I have read and understand all of the above statements. By initialing each statement above and signing below, I confirm that I understand the statements and agree with the conditions of review. No one has told me to agree to anything that I oppose or has made me any promises. I am signing this form freely and voluntarily.

DATE: _____

SIGNATURE: _____

NAME (PRINT): _____

APPLICATION FOR PROSECUTOR-INITIATED SENTENCE ADJUSTMENT

IF YOU ARE ASKING FOR CONVICTION REVIEW,
DO NOT COMPLETE THE REST OF THE QUESTIONNAIRE

Basic Information:

NAME: _____

OID Number: _____ Date of Birth: _____

Current Correctional Institution:

Basic Case Information:

Counties and Convictions for which you are incarcerated (use separate sheet if needed):

Case Number(s): _____

Date of Conviction(s): _____

Sentence(s): _____

Expected Release Date: _____

How long have you been incarcerated?

- 0 – 3 years
- 4-10 years
- 10-19 years
- 20 or more years

How many years until your anticipated release date?

- 0 – 3 years
- 4 – 9 years
- 10 or more years

1. Do you have any open cases or legal challenges pending in court? If yes, please list:

2. Do you have any prior convictions? If yes, please list the offense(s) for which you were convicted, the date of conviction, and the jurisdiction:

3. Are you eligible for parole?

Yes No

4. Have you had a parole hearing?

Yes No

If yes, when and what was the outcome: _____

a. Do you have an upcoming parole hearing:

Yes No

If yes, when is the date of your next parole hearing? _____

5. Which county did you reside in before entering the DOC? _____

Do you plan on residing in Hennepin County after release? _____

6. Is English your primary language?

Yes No

If English is not your primary language, do you need an interpreter?

Yes No

What is your preferred language: _____

7. What is the highest grade you completed in school? _____

8. Is reading or writing difficult for you?

Yes No

9. Have you ever received mental health treatment?

Yes No

10. Are you applying for relief due to an extraordinarily urgent medical situation:

Yes No

If yes, please briefly describe the medical situation:

11. If we ask, would you be willing to sign a release to allow us to review your private prison records, which would include medical and treatment records?

Yes No

12. Prior and/or during your incarceration, have you ever been employed?

Yes

No

If yes, please provide employers' information, dates you were employed, and what you did:

13. For the case(s) you're serving time on, did you go to trial or plead guilty?

Trial

Plead Guilty

14. For the case(s) you're serving time on, did you appeal your conviction(s) or sentence?

Yes

No

If yes, list all other post-conviction motions and petitions filed in both state and federal court (for example, federal habeas corpus petition, motion for new trial, etc.) Please **do not** send copies until you are asked for them.

15. Do you owe any restitution?

Yes

No

16. Do you have an active detainer?

Yes

No If yes, who/what agency imposed it: _____

17. Was there a victim(s) in your case?

Yes

No

If you marked **yes** that there was a victim in your case, answer the following (**Note:** Inability to provide this information or “no” answers will not disqualify your case from being reviewed for a sentence adjustment):

a. If you know, please provide the name(s) of the victim(s): _____

b. How did you know the victim(s): _____

c. Did the victim give an impact statement?

Yes

No

d. Have you had contact with the victim or victim's family after your incarceration?

Yes

No

e. Have you participated in restorative justice programming while you have been incarcerated?

Yes

No

f. Would you be interested in participating in a dialogue with the victim?

Yes

No

18. Did you have any co-defendants?

Yes

No

If yes, list all of your co-defendants, if they pled guilty or went to trial, and if your co-defendants testified against you:

19. Are you claiming that you received a disproportionately and/or unfairly long sentence? (e.g. your co-defendant has been released and you are serving a life sentence or a de facto life sentence)?

Yes No

If yes, please briefly explain:

20. Have you participated in programming since being incarcerated?

Yes No

If yes, please list which programs and other achievements you've obtained while incarcerated:

21. The following questions are asking about re-entry plans and services. Please provide as much detail as possible. **Note:** Inability to provide this information will not disqualify your case from being reviewed for a sentence adjustment.

a. If released, would you have housing immediately available?

Yes

No

If yes, explain your plans for housing:

b. If released, do you have a plan for employment?

Yes

No

If yes, explain your plans for employment:

c. If released, do you have a plan for treatment?

Yes

No

If yes, explain your plans for treatment:

d. If released, would you need medical services and do you have a community provider?

Yes

No

If yes, explain any plans for medical treatment in the community:

e. If released, would you need mental health services?

Yes

No

f. Do you have a community provider?

Yes

No

If you need mental health services, explain any plans to obtain those services upon release:

Please describe any other re-entry plans:

22. Are you currently working with defense counsel to seek a sentence adjustment?
(You do not need to seek your own counsel.)

Yes

No

If yes, please list the name and contact information of your attorney:

I have completed this application to the truest and best of my knowledge.

Signature: _____

Print Name: _____

Date: _____

REMEMBER: DO NOT SEND ADDITIONAL DOCUMENTS WITH THIS APPLICATION