



SB 819 Reconsideration Application

Instructions

This form must be completed by the person applying for SB 819 review or the person's attorney. Incomplete, false or misleading information will result in a denial.

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 review 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 eligible for SB 819 reconsideration 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 or has a pending set aside motion with the court
- Defendant's case is currently pending appeal, post-conviction relief, or federal habeas
- Defendant owes outstanding victim restitution
- Defendant has not served at least 50% of the original sentence
- Defendant has been convicted of a criminal offense in any jurisdiction after the crime in which reconsideration is being sought
- Defendant has pending charges in any jurisdiction
- A request from the same defendant was denied in the last 36 months
- The petitioner has applied for any form of executive clemency in the last 36 months
- If sentenced to probation, defendant has not successfully completed probation or was revoked

APPLICANT INFORMATION			
Full Name			
Email Address		Date of Birth	
Address			
Are you currently represented by an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, name and contact information for attorney			

EMPLOYMENT INFORMATION			
Employment Status	<input type="checkbox"/> Employed Full Time	<input type="checkbox"/> Employed Part Time	<input type="checkbox"/> Temporary/Contract
	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Other:	
Employer Name		Employer Phone Number	
Employer Address			



CASE INFORMATION	
Conviction(s) for which relief is sought	
Case Number	
List all convictions by name of crime, jurisdiction, and year	

QUESTIONNAIRE
Explain the conviction and sentence terms you would like to change (be specific)
These are the facts of my case
I am seeking relief because
I would like the D.A.'s Office to consider the following mitigating information
I have had the following probation violations while under supervision
I had the following Jail/Prison Discipline History while in custody
Was there a victim to your crime? <input type="checkbox"/> Yes <input type="checkbox"/> No



ATTACHMENTS	
<input type="checkbox"/>	If I spent time in jail or prison, I have attached a complete record of my jail and prison disciplinary history.
<input type="checkbox"/>	If treatment was required by my sentence, I have attached a complete record of my treatment records and a statement from my treatment provider indicating successful completion of probation.

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

Date _____

Signature _____

Printed Name _____

Submit completed form to:
Washington County District Attorney's Office
Attn: SB 819
150 North First Avenue, Suite 300
Hillsboro, Oregon 97124-3002