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SB 819 Re-Sentencing Application

The Union 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 imposed. 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 by the defendant in the underlying case(s) before a resentencing request will be considered. Incomplete application packets will automatically be rejected.

1. Full Legal Name including previous aliases:

2. Date of Birth:

3. Mailing Address:

4. Case Number(s):

5. SID Number:

6. Projected date of release (if applicable):

7. Count number(s) and name(s) of crime(s) you want considered 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 cause you to be incarcerated. Please tell us what you did and what led to you committing the crime for which you were convicted (you may attach additional pages at the end of the application, if necessary):

11. Please list all appeals, post-conviction relief and petitions for clemency or pardon associated with the case(s) at issue:

12. Please list prior request for SB 819 resentencing, including all pending requests:

13. If you were sentenced to Department of Corrections (DOC) supervision or incarceration, then please provide written proof from the Department of Corrections outlining your entire discipline history or lack of discipline history. This should cover all of your time in DOC custody or under DOC supervision. The proof provided must clearly show that the entirety of your history is contained in this packet. Please explain the attached history attached below:

14. 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. Certificates of completion alone will be insufficient. Please describe in the space below and provide proof of any evaluations and recommendations.

15. 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:

16. 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.

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

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18. The reasons as to why you believe your case(s) should be re-sentenced:

A large, empty rectangular box with a thin black border, intended for the user to write their reasons for believing a case should be re-sentenced. The box occupies most of the page below the question.

19. What modifications to your sentence you are seeking (i.e. reduction of prison time, no conviction at all, etc.):

Submitted this _____ day of _____ by:

Applicant's Signature

*Hard copies of all required materials must be submitted to:
Union County District Attorney's Office
Attention: SB 819 Review
1104 K Avenue
La Grande, Oregon 97850*

Incomplete requests will be rejected. The Union County District Attorney's Office cannot provide legal advice or assistance in completing this request.