



**GWINNETT DISTRICT ATTORNEY'S OFFICE
APPLICATION TO REQUEST REVIEW
BY THE SENTENCE REVIEW UNIT (SRU)
EXTREMELY PUNITIVE OR EXCESSIVE SENTENCING**

INSTRUCTIONS

Please read the “Eligibility” and “Notifications” sections below. Before you submit this Application, please try to complete all the information requested. If you are sending an Application by mail, please write legibly in ink so that it is easy to read. If the space provided is not enough, please place your answers on a separate page and attach it to this Application.

ELIGIBILITY

- The convicted person must have been convicted of a felony in the Gwinnett Judicial Circuit.
- The convicted person must present a plausible claim of extremely punitive or excessive sentencing that is either of the following case types:
 - Drug offense conviction(s) and sentenced to 20 years in prison or more (and not convicted with any other non-drug related offense(s)); or
 - Non-murder felony conviction(s) and sentenced to life in prison or more.
- The direct appeal has become final, the final order has been issued, and there is no pending litigation.

Priority Category Cases to Review:

- Disproportionate sentences: Cases where the individual’s current sentence is no longer (or was never) proportionate to public safety or the interests of justice, with priority given to people currently incarcerated who are either over 50 years old or were sentenced for crimes committed when they were under 25 years old.

However, when evidence shows that the convicted person would still pose an unreasonable risk to public safety if released the SRU will decline further review. For example, repeated acts of violence while incarcerated within the last ten years; or a lengthy history of non-technical violations, with a focus on the person’s record during the most recent five years.

The SRU will consider a sentence resulting from a plea of guilty.

The SRU *does not review* a sentence imposed against a person who is now deceased.

The SRU *does not review* sentences obtained in any other State, in any federal proceeding, or a Georgia county other than Gwinnett County.

The SRU *does not review* sentences that assert that newly discovered evidence supports only an affirmative defense, such as consent, self-defense, or lack of intent.

The SRU may also, in its discretion, investigate other claims of extremely punitive or excessive sentencing in extraordinary circumstances.

NOTIFICATIONS

This Application does not convey legal advice or legal rights.

If the SRU engages in a review of the sentence it is likely the SRU may request additional information from the Applicant. It also is possible that the SRU will request information from others identified as having relevant information, including attorneys.

Any person who completes and submits this Application should recognize that you have the right NOT to provide information to an agency of government about a criminal matter. By submitting this Application, you agree that any information you provide in this form is given freely and that no promise has been conveyed to you.

The SRU may request that you authorize the attorney(s) who represented you in the criminal case to discuss your case with us. **The SRU cannot require that your lawyer speak about your case without your permission.** The SRU may consider your case even if you decline to provide all the information requested, or if you decline to authorize an interview of your attorney. The SRU reserves the right, however, to consider such refusals when reaching its decisions and recommendations.

DUE TO THE HIGH VOLUME OF REQUESTS, IT WILL TAKE TIME TO REVIEW YOUR SUBMISSION. WE ASK FOR YOUR PATIENCE UNTIL YOU HEAR BACK FROM US.

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Initial each statement below to show your understanding and agreement with the following:

_____ **Requesting review of my case by your office will not toll the time I have to pursue post-conviction remedies, such as filing an appeal or post-conviction motion. I need to pursue those remedies separately.**

_____ **Acknowledgment of receipt of the Application by the Gwinnett County District Attorney's Office does NOT mean it accepts my case for investigation and does NOT mean it accepts my claim of extremely punitive or excessive sentencing.**

if you do not know the answer to a question, write Do Not Know or DNK

if a question is not applicable, write Not Applicable or NA

CONVICTED PERSON'S INFORMATION

Full Name (LAST NAME(S), FIRST, MIDDLE):

Any Aliases: _____

Were you convicted of either?

Drug offense(s) and sentenced to 20 years in prison or more (and not convicted with any other non-drug related offense(s)): Yes No

Non-murder felony conviction(s) and sentenced to life in prison or more: Yes No

***** If you answered NO to both, you may NOT qualify for sentence review. Please re-read the instructions to confirm. *****

Court Case # _____

Inmate # _____

Date of Birth: _____

Age _____

Email: _____

Gender _____

Cell Number: _____

Other Phone Number: _____

Race/Ethnicity _____

Age at the time of the offense _____

Current Correctional Institution Name and Address (if applicable):

Mailing Address:

Do you currently have an attorney? Yes No

IMPORTANT: If you are currently represented by an attorney, the SRU will only communicate with your attorney. You should consult your attorney prior to submitting your Application; your attorney may want to wait to submit the Application or submit the Application on your behalf. The Gwinnett County District Attorney's Office cannot provide legal advice. Please consult with an attorney before submitting an Application.

If yes, name of attorney(s), email(s), and phone number(s):

Is it ok for your prior attorney(s) to speak with the SRU about your case? Yes No

If yes, please list all the Attorney(s) who have represented you, include email(s), and phone number(s):

Are you working, or have worked with a private investigator(s)/organization(s)/individual(s) regarding your claim? Yes No

If yes, provide their name(s), email(s), and phone number(s):

What is your dominant language? _____

Is someone reading this form to you? Yes No

Is someone filling out this form for you? Yes No

Are you still serving your sentence from this conviction? Yes No

If "Yes", are you in prison on probation on parole

What is the name of the Judge who sentenced you? _____

Indictment Charges _____

Sentence Length _____

Sentencing Enhancements (if applied) _____

Time Already Served _____ Time Remaining to Serve _____

If you are preparing this Application on behalf of the convicted person, please provide:

Relationship to the Defendant: _____

Your Full Name (LAST, FIRST, MIDDLE): _____

Cell Number: _____ Other Phone Number: _____

Email: _____

Mailing Address: _____
Street Address, Apartment/Unit #, City, State, ZIP Code

CASE INFORMATION

Please check every box for every statement **that is true**. You can check as many boxes as you need.

I did not do any parts of the crime or the crime I was convicted of.

My conviction happened in Gwinnett County.

My direct appeal – the appeal following my sentence – is over.

The date my appeal was denied: _____

How were you convicted?

A jury or judge found me guilty OR I entered a guilty or no contest plea

Please provide dates for the following

When did the crime occur? _____

When were you arrested? _____

When were you sentenced? _____

Location of Crime(s) (including city/cities): _____

Type of Crime(s): _____

Arresting Police Department: _____

Name of co-defendant(s): _____

Do you have trial transcripts? Yes No

Do you have other case related documents? Yes No

If yes, explain (for example, police file):

***** Do not send any materials unless we specifically request that you do so. We cannot guarantee that documents submitted to this will be returned. *****

Prior post-conviction appeals

Do you have any active appeals or post-conviction motion now pending? Yes No

If yes, please provide the case number: _____

If yes, what court is it in:

- Trial Court Georgia Court of Appeal Georgia Supreme Court
 Federal District Court Circuit Court of Appeals US Supreme Court

Have you filed any post-conviction motions before in this case? Yes No

If Yes, provide information about the motions (i.e. what are they, were they granted/denied):

Contact with Innocence Organizations

Have you contacted an innocence project about your case? Yes No

If yes, are they currently investigating? Yes No

If yes, which organization(s) and when? _____

INFORMATION OR EVIDENCE ABOUT YOUR CASE

Did the prosecution use any of the following to convict you?

- | | |
|--|--|
| <input type="checkbox"/> Bite mark analysis | <input type="checkbox"/> Shaken baby syndrome |
| <input type="checkbox"/> Microscopic hair comparison | <input type="checkbox"/> Blood typing (AB, O, etc.) |
| <input type="checkbox"/> Arson science | <input type="checkbox"/> Microscopic fiber/carpet analysis |
| <input type="checkbox"/> Gunshot residue (GSR) | <input type="checkbox"/> Bullet/Ballistic comparison |
| <input type="checkbox"/> Fingerprints | <input type="checkbox"/> DNA |

Is there information or evidence which supports your claim that you were given an extremely punitive or excessive sentence? Yes No

If yes, please explain how it shows your sentence is disproportional to other defendants with similar convictions. If the space provided is not enough, please place your answers on a separate page and attach it to this form.

Please provide anything else you would like us to know that could help prove you were given an extremely punitive or excessive sentencing to similarly-situated defendants (other defendants with similar convictions). Use additional sheets of paper if necessary.

IMPORTANT NOTIFICATIONS

Please initial each of the following statements to show that you have read it, you understand it, and you accept it. Do NOT initial any statement you don't understand or that is untrue or inaccurate or you do not accept. By submitting the Application, I certify the following:

- The Sentence Review Unit is a division of the Gwinnett County District Attorney's Office. They are NOT defense lawyers. They cannot provide me legal advice.**
- I understand I am providing information to a prosecutor's office and that any statements here are provided voluntarily, knowing I am asking the prosecutor's office to review and investigate my claim.**
- I understand my statements on this Application can be used against me in court if I have lied or provided false information.**
- I understand there are criminal penalties for knowingly making false statements in this Application.**
- I am either not currently represented by an attorney or I am currently represented by an attorney but wish to submit this Application on my own after consulting with my attorney.**
- No one has promised me anything to fill out this Application.**
- I understand the Sentence Review Unit reviews cases based on its own standards and my case may or may not be reviewed or investigated.**
- I understand the Sentence Review Unit may contact any of the people or witnesses I have listed here to talk with them about my sentence.**
- The statements contained in this Application are true to the best of my knowledge.**

The following statements are **OPTIONAL**; you do not have to accept them for the SRU to begin reviewing your case:

- I give my attorney(s) and former attorney(s) permission to share information from their files with the SRU.**
- I give the Innocence Project or any other innocence organization permission to share information from their review of my case with the SRU.**

Print Name: _____ Signature: _____

Date: _____