



**Columbia County District Attorney  
Columbia County Courthouse  
230 Strand Street, #336  
St. Helens, Oregon 97051**

**Senate Bill 819 Application – COLLATERAL CONSEQUENCES CLAIM**

**The Columbia County District Attorney's Office will review every fully-completed SB 819 application pursuant to ORS 137.218 (SB 819), with the goal of promoting public safety by delivering justice. Great deference will be given to prior convictions and the sentence originally imposed. Sentence Judgments are the product of careful evaluation by the defense, prosecution, and the court. 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, not to mention victims of crime who seek finality in their cases. Therefore, the following instructions must be followed, and questions completely answered before an application will be considered. Incomplete applications will be automatically rejected.**

1. Full Legal Name of any applicant including any previous alias:

2. If another person advocating for the applicant is filling out this application on behalf of the applicant, please provide an explanation for why the applicant is unable to fill out the application personally.

Please provide the name of the advocate completing the application and the signature of the applicant to show they authorize the advocate's actions on their behalf.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Advocate name

3. Date of Birth:

4. Mailing address:

5. Case number(s):

6. SID Number:

7. County of conviction:

8. Count(s) numbers & crime(s) you want us to consider for resentencing:

9. Is your case pending appeal or post-conviction relief?

10. Have you reviewed ORS 137.225? If so, are you eligible for an expungement pursuant to that statute?

11. Have you previously submitted an SB 819 application? If your answer is yes please provide the date that you submitted your last application.

12. Have you reviewed other collateral consequences statutes such as ORS 163A.125 (relief from reporting obligation for sex offenders) and ORS 166.274 (Relief from prohibition against possessing or receiving firearm)? Please state whether you believe that you are eligible for relief under those statutes.

13. Projected date of release (if applicable):

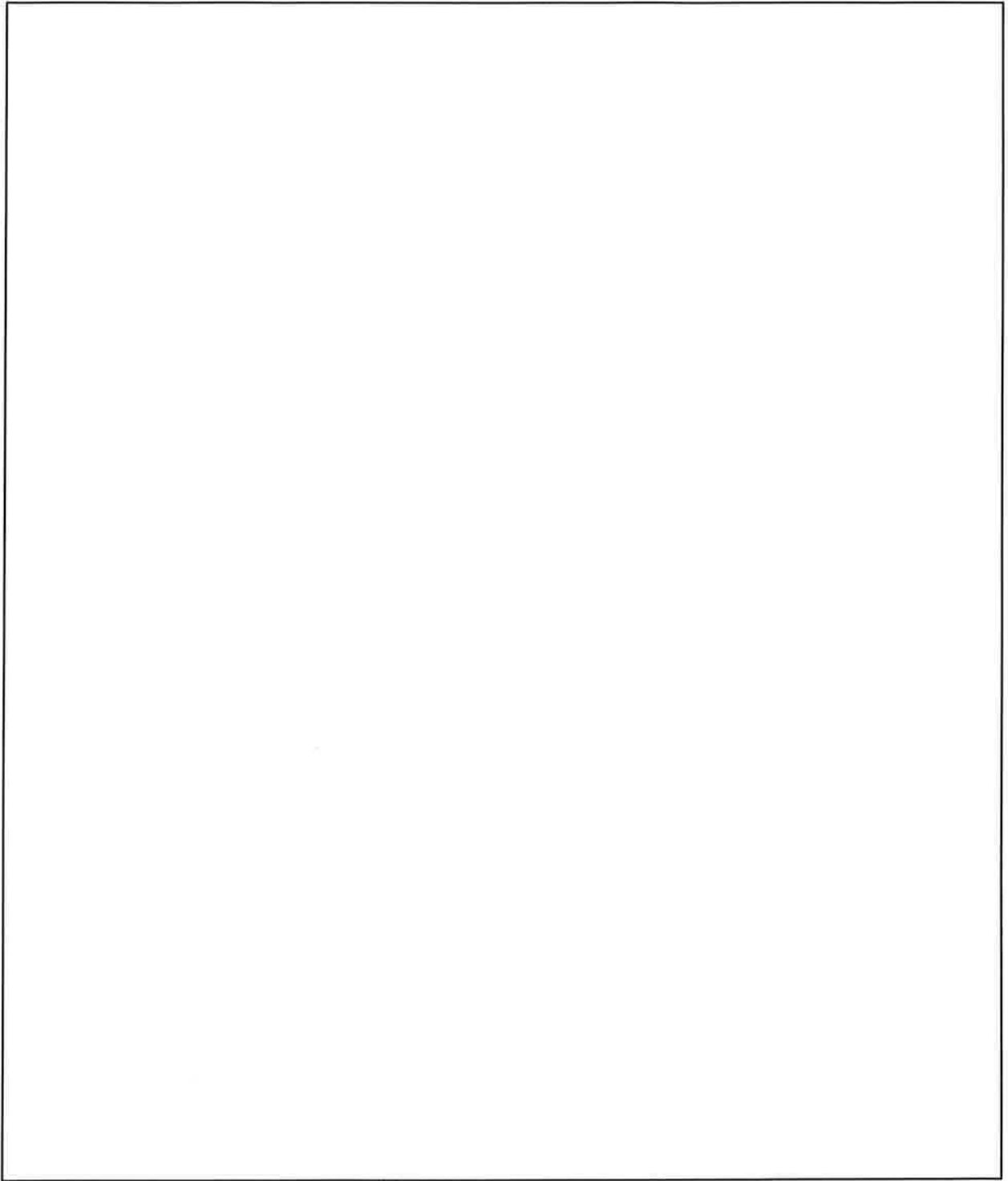
14. Victim name in each count:

15. Name of defense attorney that represented you during your case:

16. Please provide an entire list of your criminal convictions, including the year in which you were convicted and the jurisdiction where you were prosecuted.

17. Please provide a list of all cases, criminal or otherwise, that are currently pending in which you are a party and the name of the jurisdiction in which the case is pending.

18. Please state clearly whether you believe you are guilty of the crime that caused you to be sentenced in this case and provide a statement describing the crime that you were convicted of committing (this may be submitted by separate and attached sheet(s)):

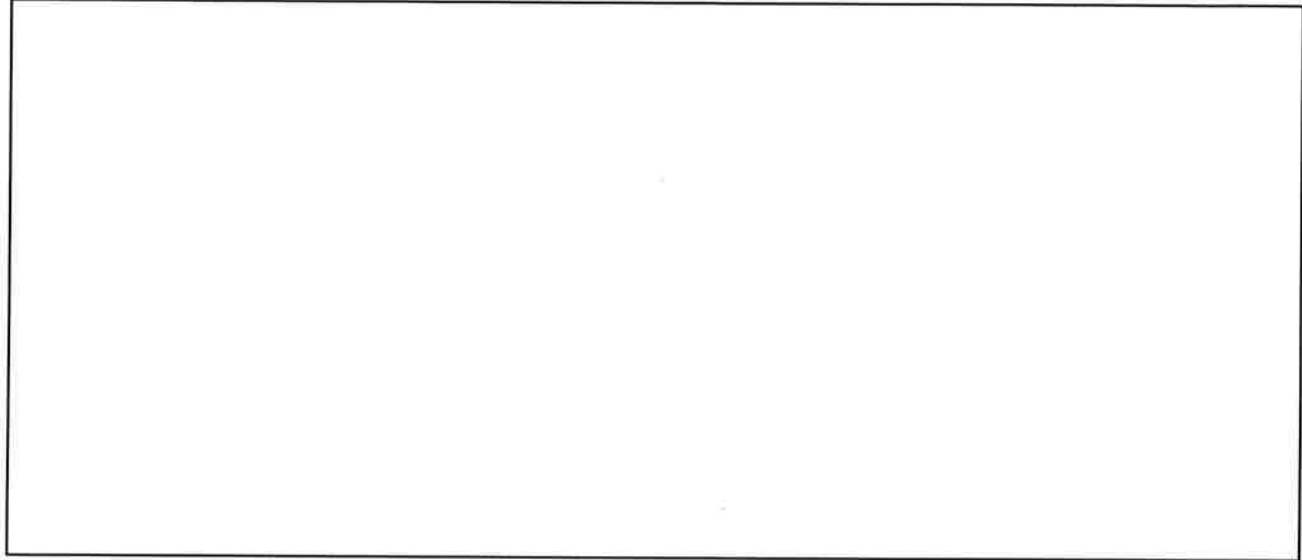


A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the respondent to write their answer to question 19.

19. Please explain how this conviction has unfairly impacted your ability to succeed in your life (this may be submitted by separate and attached sheet(s))?

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the respondent to write their future plans.

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



I hereby attest that the statements contained within this SB 819 application are true and accurate.

\_\_\_\_\_  
Applicant signature

SUBSCRIBED AND SWORN to before me this \_\_\_\_ day of \_\_\_\_\_, 2022

\_\_\_\_\_  
Notary Public for Oregon  
My Commission Expires: