



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

Senate Bill 819 Application – EXCESSIVE SENTENCING 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, the applicant's name, and the signature of both yourself and the applicant authorizing this action.

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. Please describe, as fully as possible, the sentence you are serving. Be sure to include your earliest possible release date.

13. Victim name in each count:

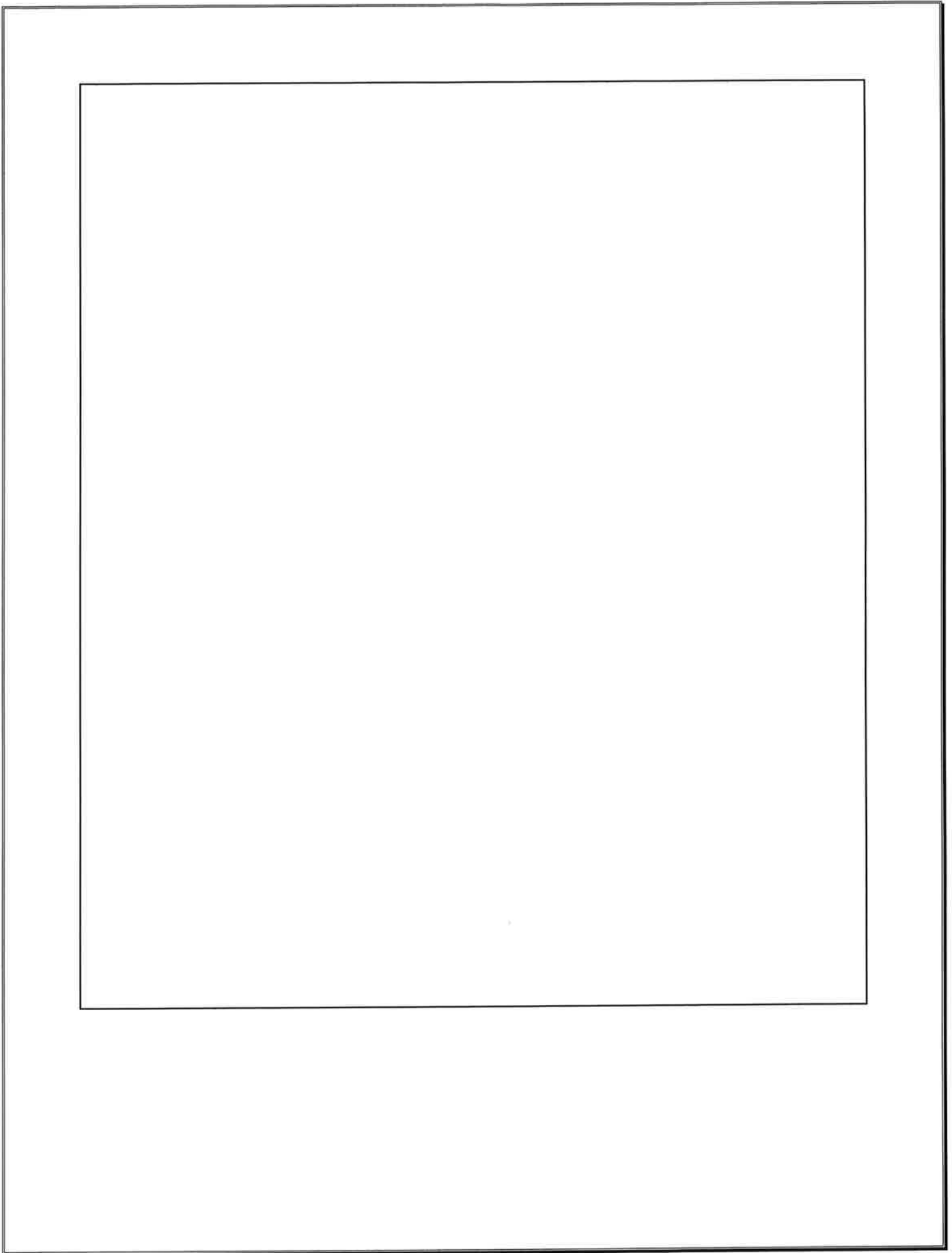
14. Name of defense attorney that represented you during your case:

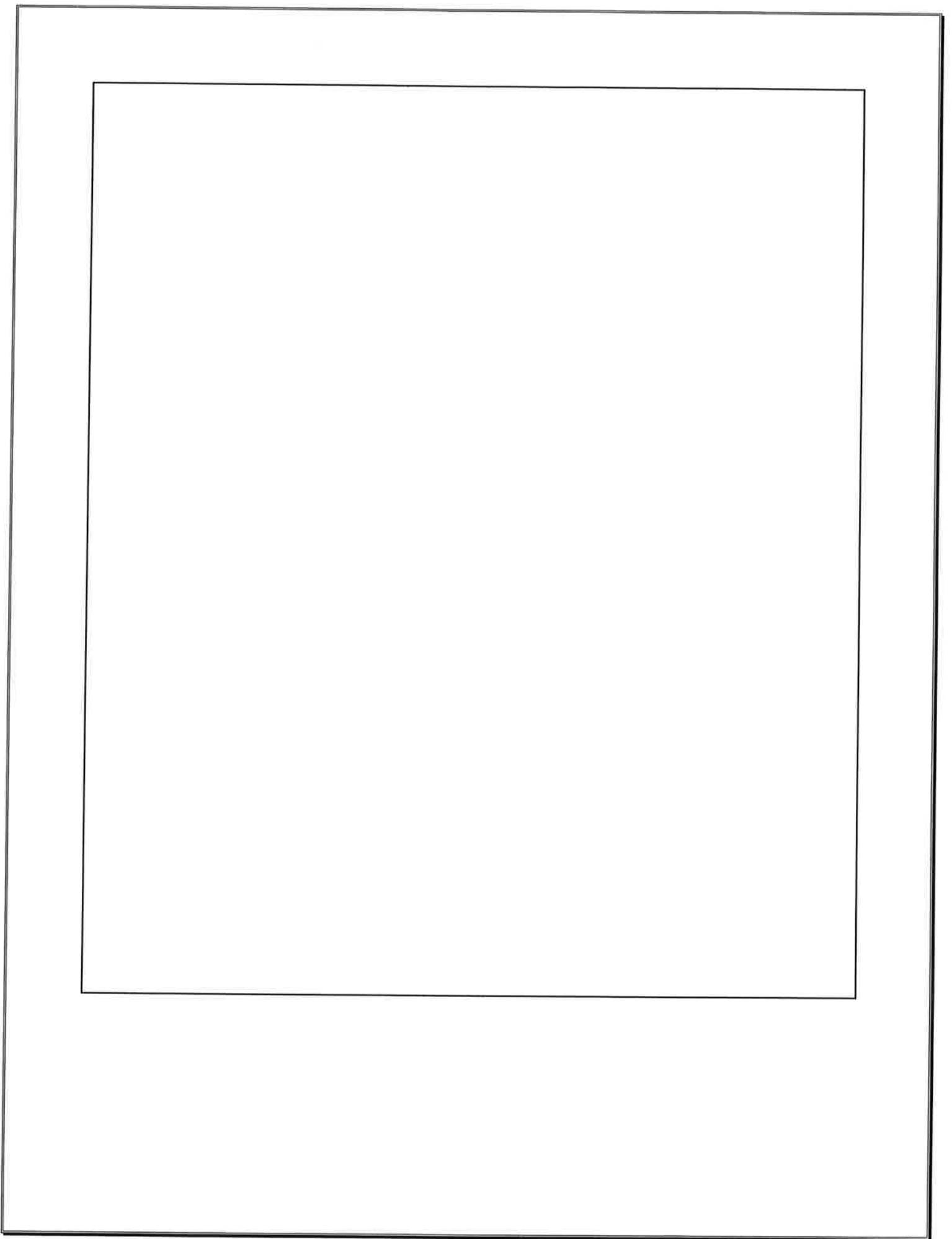
15. If you had other pending cases in this jurisdiction or any other jurisdiction during the time of your sentencing, please identify the cases by name, case number, and jurisdiction.

16. Please provide an entire list of your criminal convictions. Include 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)):





19. 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: