



OFFICE OF THE HENNEPIN COUNTY ATTORNEY
MARY F. MORIARTY COUNTY ATTORNEY

**APPLICATION FOR
PROSECUTOR-INITIATED SENTENCE ADJUSTMENT (PISA)
IN HENNEPIN COUNTY**

**This application is specific to cases prosecuted by
the Hennepin County Attorney's Office.**

If your case is not from Hennepin County, please do not apply.

If you are asking for review of an allegedly wrongful conviction,
this is **not** the correct application.

Instead, please seek an application for
the Hennepin County Attorney's Office Conviction Integrity Unit.

Please return this application to:

Hennepin County Attorney's Office
Prosecutor-Initiated Sentence Adjustment
300 South 6th Street
Government Center
Minneapolis, MN 55487

Please complete this form as fully as possible. If you do not know the answer to a question, you may leave it blank.

Please **only apply** if you meet the following criteria:

- you are **currently** incarcerated,
- you **do not** have an open case anywhere at any level (including post-conviction or direct appeal),
- you are **not** going to be released from custody within 3 years of the date of your application, and
- you have **served at least three years** in prison, unless you have an extraordinarily urgent medical situation.

Hennepin County Attorney's Office

300 South 6th Street, Government Center, Minneapolis, MN 55487

PLEASE READ:

The Hennepin County Attorney's Office (HCAO) is working with a team at the University of St. Thomas School of Law (UST Law) to review and process applications for Prosecutor-Initiated Sentence Adjustment (PISA).

By submitting your application for PISA, you are allowing the HCAO to share information related to your case with UST Law. This may include your case file, public filings, and private data.

Private DOC Records Will Be Obtained by HCAO and UST Law

By submitting your application for PISA, you are allowing HCAO to seek private data from the Department of Corrections (DOC) related to your incarceration. This may include records related to programming, discipline, medical and mental health, and other records necessary for the HCAO to evaluate your application. The information received from the DOC will not be used for any purpose outside of PISA. This is in accordance with Minn. Stat. § 609.133 subd. 4 (c).

Should HCAO choose to move forward with your application, the HCAO may file your private data in a petition with the Court. This information would be shared with you and your counsel prior to filing.

Fill Out the Form Yourself or with Counsel.

The expectation is that the person who is requesting a sentence adjustment will fill out the application and sign it themselves. If there is a reason that this cannot be done, please provide that information on a separate page and submit it with your application.

You are not required to have an attorney to fill out this application. Having an attorney will not change the speed of the evaluation process. If you choose, you may fill out the application with an attorney.

If we decide to move forward with your application, an attorney can be appointed to work with you.

Extraordinarily Urgent Medical Situations

If you are applying due to an extraordinarily urgent medical situation, please do not send private medical information until HCAO/UST Law requests it.

Do Not Send Documents with the Application

Please do not send any document or photographs with this application. HCAO/UST Law will be requesting data directly from the DOC.

Timing of Review and Communication with Applicants

Unfortunately, the HCAO cannot provide an estimated date by which we will review your application. Due to the number of submissions, it will likely be some time before you are contacted about your submission. **Do not apply more than one time before hearing from us.** Incomplete forms will result in longer waiting periods, so please complete the answers as fully as possible.

HCAO/UST Law will inform you when your application has been received and initially reviewed. If we decide to move forward with reviewing your application, we will work with you to obtain an attorney, if and when an attorney is needed.

PROSECUTOR-INITIATED SENTENCE ADJUSTMENT ACKNOWLEDGMENT

PLEASE READ THIS PROSECUTOR-INITIATED SENTENCE ADJUSTMENT
ACKNOWLEDGEMENT CAREFULLY BEFORE YOU SIGN IT.

**The applicant must agree to all the following statements. Please confirm
your agreement by initialing to the right of each statement.**

- | | |
|--|----------|
| 1. I acknowledge that I have been convicted of the offense(s) prosecuted in Hennepin County, in the State of Minnesota. | 1. _____ |
| 2. I am willing to cooperate with the review. | 2. _____ |
| 3. I understand that the attorneys in the Hennepin County Attorney's Office may decide that my sentence does not meet the criteria for further review and decline to review it. | 3. _____ |
| 4. I understand that if the Hennepin County Attorney's Office declines to review my sentence, I have no right to appeal that decision. | 4. _____ |
| 5. I understand that sending this application will not extend or change the deadlines for any state or federal court filing deadlines. | 5. _____ |
| 6. I understand that the attorneys in the Hennepin County Attorney's Office do not represent me and cannot offer me legal advice. | 6. _____ |
| 7. I don't have a lawyer, or if I do, I have discussed this application with my lawyer. | 7. _____ |
| 8. I understand that the Hennepin County Attorney's Office will request private data from the Department of Corrections related to my incarceration. (The information received will only be used for PISA and cannot be used for any other purpose.) | 8. _____ |

ACKNOWLEDGMENT BY PETITIONER

I have read and understand all of the above statements. By initialing each statement above and signing below, I confirm that I understand the statements and agree with the conditions of review. No one has told me to agree to anything that I oppose or has made me any promises. I am signing this form freely and voluntarily.

DATE: _____

SIGNATURE: _____

NAME (PRINT): _____

APPLICATION FOR PROSECUTOR-INITIATED SENTENCE ADJUSTMENT

NAME

First: _____ Middle: _____ Last: _____

OID Number: _____ Date of Birth: _____

Current Correctional Institution:

Basic Case Information:

Counties and Convictions for which you are incarcerated (use separate sheet if needed):

Case Number(s): _____

Date of Conviction(s): _____

Sentence(s): _____

Expected Release Date: _____

How long have you been incarcerated?

If less than 3, please **do not** apply.

- ☐ 3 – 9 years
- ☐ 10 – 19 years
- ☐ 20 or more years

How many years until your anticipated release date?

If less than 3, please **do not** apply.

- ☐ 3 – 9 years
- ☐ 10 – 19 years
- ☐ 20 or more years

1. Is English your primary language?

- ☐ Yes ☐ No

If English is not your primary language, do you need an interpreter?

- ☐ Yes ☐ No

What is your preferred language: _____

2. What is the highest grade you completed in school? _____

3. Is reading or writing difficult for you?

☐ Yes

☐ No

4. Do you have any open cases or legal challenges pending in court? If yes, please list:

5. Do you have any prior convictions? If yes, please list the offense(s) for which you were convicted, the year of conviction, and the jurisdiction:

6. Are you eligible for parole? ☐ Yes ☐ No

7. Have you had a lifer review hearing or hearing before the supervised release board? ☐ Yes ☐ No

If yes, what was the approximate date of the hearing and the outcome?

Do you have an upcoming parole hearing? ☐Yes ☐No

If yes, what is the date of your next parole hearing? _____

8. Do you have an active detainer?

☐Yes ☐No

If yes, who/what agency imposed it: _____

9. Which county did you reside in before entering the DOC? _____

10. Have you ever received mental health treatment? ☐Yes ☐No

11. Are you applying for review due to an extraordinarily urgent medical situation?

☐Yes ☐No

If yes, please briefly describe the medical situation:

12. For the case(s) you're seeking review for, did you go to trial or plead guilty?

☐Trial ☐Pleaded Guilty

13. For the case(s) you're seeking review for, did you appeal your conviction(s) or sentence(s)?

☐Yes ☐No

If yes, list all other post-conviction motions and petitions filed in both state and federal court (for example, federal habeas corpus petition, motion for new trial, etc.) Please **do not** send copies.

14. For the case(s) you're seeking review for, are you claiming innocence?

☐ Yes

☐ No

15. Have you previously applied to the Attorney General's Conviction Review Unit (CRU) or the Hennepin County Attorney Office's Conviction Integrity Unit (CIU)?

☐ Yes

☐ No

If yes, please check which unit: ☐ CRU ☐ CIU ☐ Both the CRU & CIU

16. Do you plan to apply to the Hennepin County Attorney Office's Conviction Integrity Unit?

☐ Yes

☐ No

17. Did you have any co-defendants in the case for which you're seeking review?

☐ Yes

☐ No

If yes, list all of your co-defendants, if they pleaded guilty or went to trial, and if your co-defendants testified against you:

18. Are you claiming that you received a disproportionately and/or unfairly long sentence (e.g. your co-defendant has been released and you are serving a life sentence or a de facto life sentence)? ☐ Yes ☐ No

If yes, please briefly explain:

19. Was there a victim(s) in your case? ☐ Yes ☐ No

If you marked **yes** that there was a victim in your case, answer the following (**Note:** Inability to provide this information or “no” answers will not disqualify your case from being reviewed for a sentence adjustment):

If you know, please provide the name(s) of the victim(s): _____

How did you know the victim(s): _____

Did the victim or victim's family give an impact statement?

☐ Yes

☐ No

Have you had contact with the victim or victim's family after your incarceration?

☐ Yes

☐ No

Would you be interested in participating in a dialogue with the victim or victim's family?

☐ Yes

☐ No

Have you participated in restorative justice programming while you have been incarcerated?

☐ Yes

☐ No

If yes, please briefly explain your experience:

20. Do you owe any restitution?

☐ Yes

☐ No

21. Have you participated in programming or employment since being incarcerated?

☐ Yes

☐ No

If yes, please list which programs and other achievements you've obtained while incarcerated:

22. The following questions ask about re-entry plans and services. Please provide as much detail as possible. **Note:** Inability to provide this information will not disqualify your case from being reviewed for a sentence adjustment.

If released, would you have housing immediately available?

☐ Yes

☐ No

If yes, explain your plans for housing:

If released, do you have a plan for employment? ☐ Yes

☐ No

If yes, explain your plans for employment:

If released, do you have a plan for treatment? ☐ Yes

☐ No

If yes, explain your plans for treatment:

If released, would you need medical and/or mental health services?

☐ Yes

☐ No

Do you have a community provider?

☐ Yes

☐ No

If you need medical or mental health services, explain any plans to obtain those services upon release:

Please explain any other re-entry plans or services you have or may need:

23. Are you currently working with defense counsel to seek a sentence adjustment?
(You do not need to seek your own counsel.)

☐ Yes

☐ No

If yes, please list the name and contact information of your attorney:

The application continues on the next page.

Reasons include but are not limited to:

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- This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

22. Outside of programming or education, please share any other achievements:

I have completed this application to the best of my knowledge.

Signature: _____

Print Name: _____

Date: _____

REMEMBER: DO NOT SEND ADDITIONAL DOCUMENTS WITH THIS APPLICATION