



BROOKE JENKINS  
District Attorney

**APPLICATION FOR RELIEF  
(Pen. Code § 1172.1)**

Please provide the following information in order for the SFDA’s Office to consider your request for relief under Penal Code section 1172.1:

- 1. Your (convicted person’s) name:**
  
- 2. If someone other than the convicted person is filling out this form, please give your name and relationship with the convicted person:**
  
- 3. Your (convicted person’s) date of birth:**
  
- 4. San Francisco Superior Court number(s) (MCN and/or SCN):**
  
- 5. Year of offense(s):**
  
- 6. Charge(s) filed:**
  
- 7. Crime(s) convicted of:**
  
- 8. Date of conviction(s):**
  
- 9. Sentencing Judge:**
  
- 10. Sentence imposed:**
  
- 11. Name, phone number, email address, and street address of the attorney who represented you at the time of conviction:**

**12. Basis of conviction**

- |                        |                 |
|------------------------|-----------------|
| Jury Trial             | Plea Open       |
| Bench Trial            | No Contest Plea |
| Negotiated Guilty Plea | Other (specify) |

**13. Writs and Appeals**

a. Is the conviction currently being challenged on appeal?

Yes                      No

If yes, please provide the appellate court case number(s) and the status of appeal.

b. Has there previously been an appeal of your conviction?

Yes                      No

If yes, please provide the appellate court case number(s) and the result of appeal.

c. Is there a petition for writ of habeas corpus currently pending before any court?

Yes                      No

If yes, please provide the court number(s) and petition number(s) and the current status of the petition.

d. Has a petition for a writ of habeas corpus ever been previously filed for this conviction?

Yes                      No

If yes, please provide the court number(s) and petition number(s) for the writ of habeas corpus and the result of the petition.

e. Has the convicted person applied for any other post-conviction relief, including but not limited to relief under Penal Code sections 1170.95/1172.6, 1171/1172.7, 1171.1/1172.75 or a *Franklin* hearing (Pen. Code § 1203.01; *In re Cook* (2019) 7 Cal.5th 439)?

Yes                      No

If yes, please provide the type of relief sought, the date(s) of application, and the name of the Assistant District Attorney assigned to the case.

**14. Post-conviction factors**

- a. Please describe the convicted person’s disciplinary history.

Will you request copies of your disciplinary and rehabilitative post-conviction records and provide them to SFDA for review?

Yes                      No

Or, will you provide consent to allow SFDA to request any disciplinary and rehabilitative records?

Yes                      No

If so, please attach a written waiver and provide the following information:

Prison where housed:

Address:

CDCR number:

Cell location:

- b. Please describe the convicted person’s record of rehabilitation.

- c. Please describe any evidence that age, time served, or diminished physical condition have reduced the convicted person’s risk for future violence.

- d. Please describe any evidence that reflects that circumstances have change since original sentence so that continued incarceration is no longer in the interest of justice.

**15. Additional factor(s) in mitigation**

Are there any additional factor(s) in mitigation that support relief?

**16. History**

Does the convicted person have any history of trauma, mental illness, or substance abuse that played a role in the commitment offense?

**17. Re-entry plans**

What are the convicted person's re-entry plans, including but not limited to housing, vocational, self-help, and treatment, should relief be granted?

Once complete, please email this application and any relevant supporting documents to:

San Francisco District Attorney's  
Post Conviction Review Unit  
350 Rhode Island Street  
North Building, Suite 400  
San Francisco, California 94103  
sfda.1172.1@sfgov.org