

KING COUNTY PROSECUTING ATTORNEY'S OFFICE



LEESA MANION (she/her)
PROSECUTING ATTORNEY

JUSTICE
COMPASSION
PROFESSIONALISM
INTEGRITY
LEADERSHIP

**SENTENCE REVIEW UNIT
INTAKE FORM/REQUEST FOR REVIEW**

Please note that this e-mail may be subject to public disclosure pursuant to RCW Chapter 42.56

Who is submitting this form? (Pro Se) Applicant Attorney Other

If Other, please specify: _____

Applicant's Name: _____

Preferred Name: _____

Primary Language: _____

Date of Birth: _____

DOC #: _____ DOC Facility: _____

Attorney's Name & Contact Information (if represented): _____

Are you currently serving on a felony conviction out of King County? YES NO

Cause Number: _____

Current Offense(s): _____

Sentence Received: _____

Guilty By: Plea Agreement Jury Verdict Bench Trial

Age when offense was committed: _____

Earned Release Date (ERD): _____

Did you receive any sentencing enhancements (firearm, deadly weapon, gang, etc.)?

YES NO

If so, what were they and how much time did you receive from these enhancements? _____

Did you have any co-defendants? YES NO

If so, what crimes they convicted of? _____

What sentence did they receive? _____

Are there any pending appeals, Habeas Corpus, or other post-conviction proceedings currently in progress on this case (this includes Clemency and ISRB)? YES NO

If yes, please provide details: _____

Is there any reason that corresponding in writing will be difficult for you? YES NO

If yes, please provide details: _____

PLEASE SELECT THE TYPE OF REVIEW BEING SOUGHT:

Discretionary Review/SB 6164/RCW 3.27.130

Innocence Claim (“Innocence” means that you were not involved in the crime in ANY way (self-defense or insanity are not actual innocence claims))

Wrongful Conviction (“Wrongfully convicted” means that the evidence used against you at trial was inaccurate or unreliable or your trial was fundamentally unfair)

Other (please explain): _____

Please provide a brief statement as to why you are seeking review. You may attach additional sheets of paper if necessary (5 pages maximum): _____

NOTICE: If you are requesting relief pursuant to *State v. Blake*, please contact: paopca@kingcounty.gov. If your request concerns a different WA Supreme Court ruling (e.g., *Ali/Cornelio*, *Monschke*, *Haag*), please contact: paoappellateunitmail@kingcounty.gov.

The incarcerated individual seeking relief must agree to each of the following and indicate such agreement by initialing to the right of each statement.

STATEMENTS	INITIALS
1. I certify that all the statements in this application are true and accurate.	
2. I acknowledge that providing false information will result in a rejection of my submission to the Sentence Review Unit (SRU).	
3. I understand that my submission is a request and that the SRU decides whether to petition the court.	
4. I understand that if the SRU decides to file a petition on my behalf asking the court for resentencing, the court ultimately decides whether to resentence.	
5. I understand that I have no right to an SRU review and that there is no right to appeal the decision by the SRU.	
6. I understand that if there is an NCO of any victims or witnesses, that I cannot contact the protected parties, nor can any person contact the victims on my behalf for any purpose related to this request.	
7. I understand that if it is discovered that I or any person whether my counsel, family, friends, or acquaintance contacts the victim on my behalf, it may result in a pause or decline depending on the circumstances.	
8. I understand that my submission and any additional documentations with it may be subject to Public Disclosure pursuant to RCW 42.56.	
9. I understand that my request for the SRU to review my case is not an appeal.	

I have read and understand all the above statements. By initialing the statements and signing below, I understand and agree to comply with any terms herein.

Date: _____ **Signature:** _____

NOTICE: Due to the high volume of requests, the Prosecuting Attorney's Office cannot provide information regarding when the review of this submission will be completed.

The section below is optional. Your decision to complete or not complete this section will not impact your review. The purpose of this section is to advance transparency within the criminal justice system and to collect relevant data.

Self-Identified Gender/Sex: _____

Self-Identified Race/Ethnicity: _____

Education Level Upon Entering Prison: _____

Education Completed in DOC: _____

Were you ever placed in the foster care system: _____

Are you a veteran? _____

Are you eligible for disability benefits? _____

What city did you reside in at the time of your arrest and conviction? _____

PLEASE RETURN THIS FORM BY MAIL OR E-MAIL:

King County Prosecuting Attorney's Office
ATTN: Sentence Review Unit
516 Third Avenue W400
Seattle, WA 98104

Email: paosentencereviewinquiry@kingcounty.gov