



APPLICATION FOR RESENTENCING IN CASES PROSECUTED BY THE ATTORNEY GENERAL

Penal Code section 1172.1 allows the California Attorney General (AG) to request resentencing in cases only if the AG's office handled your sentencing hearing. In those cases, the AG can ask a court to make changes to your sentence if you meet certain conditions. The court makes all final decisions.

The Attorney General is not the same as a District Attorney. If your case was handled by a Deputy District Attorney or "DA," you or your attorney must contact the District Attorney's office in the county where you were convicted to request a review of your sentence under Penal Code section 1172.1.

The Attorney General will review your case for resentencing only if you meet **ALL** of these conditions:

- You were prosecuted by the Attorney General;
- You were not sentenced to Death or Life without Possibility of Parole (LWOP);
- You have been in prison for at least 5 years; and
- You have a CDCR placement score of 59 or less.

PLEASE PROVIDE COMPLETE INFORMATION FOR EACH QUESTION

Full Legal Name: _____ CDCR number: _____

Other Names Used: _____ Veteran: ☐ YES ☐ NO

Date of Birth: _____ Gender: ☐ Male ☐ Female ☐ Non-Binary ☐ Prefer not to state

Race/Ethnicity (Check all that apply): ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American
☐ Latino/a/x ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other _____ ☐ Prefer not to state

Do you have a disability*? ☐ YES ☐ NO If YES, describe _____

*This information will be used to insure equitable access to review.

Would you prefer to communicate in a language other than English? _____

1. Was the Attorney General the prosecutor in your case? ☐ YES ☐ NO ☐ UNKNOWN

If you answered NO to Question 1, you are not eligible at this time. **Do not** complete this form.

2. Are you currently represented by an attorney? ☐ YES ☐ NO ☐ UNKNOWN

3. Name of your current attorney: _____

4. County where you were convicted: _____

5. Superior Court case number: _____

6. Were you sentenced to LWOP or death? ☐ YES ☐ NO ☐ UNKNOWN

If you answered YES to Question 6, you are not eligible at this time. **Do not** complete this form.

7. Have you served at least 1,875 actual days in your case? ☐ YES ☐ NO ☐ UNKNOWN

If you answered NO to Question 7, you are not eligible at this time. **Do not** complete this form.

8. Is your CDCR placement score lower than 60? ☐ YES ☐ NO ☐ UNKNOWN

If you answered NO to Question 8, you are not eligible at this time. **Do not** complete this form.

9. Are you required to register as a sex offender (PC 290)? ☐ YES ☐ NO ☐ UNKNOWN

DO NOT SEND ANY OTHER DOCUMENTS WITH THIS FORM

If your case is approved for further review, we will contact you or your attorney for additional information.

EMAIL THIS FORM TO:
PCJU@DOJ.CA.GOV

MAIL THIS FORM TO:

CALIFORNIA DEPARTMENT OF JUSTICE
POST CONVICTION JUSTICE UNIT
PO BOX 944255
SACRAMENTO, CA 94244