



**OFFICE OF THE DISTRICT ATTORNEY
FOR LINCOLN COUNTY**

225 WEST OLIVE STREET, ROOM 100
NEWPORT, OREGON 97365
541-265-4145, FAX 541-265-3461
www.co.lincoln.or.us/da/

JENNA WALLACE
District Attorney

MICHAEL THORNICROFT
Chief Deputy District Attorney

SB 819 RESENTENCING REVIEW CRITERIA

Senate Bill 819 establishes a procedure by which a district attorney and an incarcerated person may jointly petition the sentencing court for reconsideration of conviction and sentence. It authorizes the Court to, upon granting petition, resentence a person on their original conviction, vacate previous judgment of conviction, accept plea to a new offense and impose sentence on a new offense. The district attorney must and will notify the victim or survivor of the victim of reconsideration hearing and process.

Pursuant to SB 819, the Lincoln County District Attorney's Office will begin reviewing requests for sentencing modifications. SB 819 allows any person previously sentenced in Lincoln County, Oregon for a felony offense, except Aggravated Murder, to apply for reconsideration. All applications will be accepted and reviewed first by a Conviction Integrity Committee. If after careful consideration the applicant passes the initial screening by the CIC, the District Attorney will make the final determination whether the joint application will be filed with the Court for consideration. Victim notification and consideration will occur before a decision is entered.

The following criteria will render an applicant ineligible for relief under the Lincoln County District Attorney's Policy:

- Any person convicted of any degree of homicide
- Any person convicted of any sexual offense involving the abuse, solicitation or unlawful depiction of a child
- Any person convicted of a person trafficking crime
- Any person convicted of a violent sexual offense
- Any person convicted of a violent felony
- Any person who has not already served at least fifty percent of the original sentence imposition
- Any person convicted of a crime involving the use of deadly weapons or firearm enhancements
- Incomplete applications will not be considered



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SB 819 RESENTENCING REVIEW APPLICATION

Full Name: _____

Date of Birth: _____

Address: _____

Email address: _____

Name of attorney(if not represented, N/A): _____

Case Number: _____

Conviction: _____

Incident Date: _____

Sentence Date: _____

Current Anticipated Release Date: _____

Case resolved by plea agreement, bench, or jury trial: _____



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Explain the facts of the case:

Requested modification of sentence:

Explain why you are seeking relief:

Explain any mitigating factors you would like the District Attorney to consider:



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Explain your action plan upon release:

Required Attachment:

Applicants shall provide a complete and current copy of their DOC supervision and disciplinary history. Applicants may, but are not required, to attach any certificates or proof of enrollment in educational or treatment programs attended or completed while incarcerated.

The statements listed in this application are true and accurate to the best of my knowledge

Date: _____

Signature: _____

Printed Name: _____

Please submit completed application to: Lincoln County District Attorney's Office
Attn: SB 819
225 West Olive St., Room 100
Newport, Oregon 97365