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**APPLICATION FOR  
PROSECUTOR-INITIATED SENTENCE ADJUSTMENT  
§609.133**

**Please return this application to:**

Olmsted County Attorney's Office  
151 4th St SE  
Rochester, MN 55904

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

The application may be submitted by an offender, DOC caseworker or  
Commissioner of Corrections

Please **only apply** if:

- You/the offender are currently in prison.
- You/the offender do not have an open case anywhere at any level (which includes post- conviction or direct appeal).
- You/the offender have currently served at least 50% of the pronounced actual custody time unless you have an extraordinarily urgent medical situation.
- You/the offender do not otherwise qualify for DOC early release programs such as CIP, Work Release, Conditional Release pursuant to §244.0513, or similar release options.

## Extraordinarily Urgent Medical Situation

If you are applying due to an extraordinarily urgent medical situation, please do not send private medical information until it is requested. In such circumstances, please articulate if you have also made application to the Commissioner of Corrections for release regarding this same situation.

## Do Not Send Documents with the Application

It is not necessary for you to send any additional documents with this application.

## Timing of Review and Communication with Applicants

The Olmsted County Attorney's Office cannot provide a specific date by which we will review your application. Do not apply more than one time. Incomplete forms may result in longer waiting periods, therefore, please fill out this document with as much information as possible. We will inform you when your application has been reviewed. All applications will be reviewed by the elected County Attorney or his/her delegate.

### **PROSECUTOR-INITIATED SENTENCE ADJUSTMENT ACKNOWLEDGMENT PLEASE READ THE PROSECUTOR-INITIATED SENTENCE ADJUSTMENT ACKNOWLEDGEMENT CAREFULLY BEFORE YOU SIGN.**

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) noted below by the State of Minnesota.  | 1. ____ |
| 2. I am willing to cooperate with the review.   | 2. ____ |
| 3. I understand the attorneys in the Olmsted 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 Olmsted County Attorney's Office declines to review my sentence, I have no right to appeal the decision.                                      | 4. ____ |
| 5. I understand that sending this application will not extend the deadlines for any state or federal court filings.   | 5. ____ |
| 6. I understand that the attorneys in the Olmsted 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. \_\_\_\_

**ACKNOWLEDGMENT BY OFFENDER/APPLICANT**

I have read and understand all 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**

IF YOU ARE ASKING FOR CONVICTION REVIEW, **DO NOT** COMPLETE THE REST OF THE QUESTIONNAIRE

Basic Information:

NAME: \_\_\_\_\_

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 File Number(s):

\_\_\_\_\_

Date of Conviction(s):

\_\_\_\_\_

Incarceration Date(s):

\_\_\_\_\_

Anticipated Release Date:

\_\_\_\_\_

Expiration Date:

\_\_\_\_\_

Regarding your current executed sentence, from the date of conviction and prior to execution of this sentence, was your sentence a stay of imposition or execution that was subsequently revoked?

\_\_\_\_\_

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

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

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Are you currently eligible for parole?

- Yes
- No

Have you had a parole hearing?

- Yes
- No

If yes, when and what was the outcome:

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Are you currently eligible for parole at some date in the future?

- Yes
- No

If yes, when are you eligible?

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Where did you reside before entering the DOC?

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Do you plan on residing in Olmsted County after release?

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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:

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What is the highest grade you completed in school?

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Is reading or writing difficult for you?

- Yes
- No

Have you ever received mental health treatment?

- Yes
- No

Are you applying for relief due to an extraordinarily urgent medical situation:

- Yes
- No

If yes, please briefly describe the medical situation:

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Are you willing to sign a release to allow us to review your private prison records, which would include medical and treatment records?

- Yes
- No

Prior and/or during your incarceration, were you employed?

- Yes
- No

Please provide employers' information, dates you were employed, and what you did:

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For the case(s) you're serving time on, did you go to trial or plead guilty?

- Trial
- Plead Guilty

For the case(s) you're serving time on, did you appeal your conviction(s) or sentence?

- 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 until you are asked for them.

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Do you owe any restitution?

- Yes
- No

Do you have an active detainer?

- Yes
- No

If yes, who/what agency imposed it:

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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):

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How did you know the victim(s):

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Did the victim give an impact statement?

- Yes
- No

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

- Yes
- No

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

- Yes
- No

Would you be interested in participating in a dialogue with the victim?

- Yes
- No



Did you have any co-defendants?

- Yes
- No

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

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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:

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Have you participated in programming since being incarcerated?

- Yes
- No

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

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The following questions are asking 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:

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If released, do you have a plan for employment?

- Yes
- No

If yes, explain your plans for employment:

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If released, do you have a plan for treatment?

- Yes
- No

If yes, explain your plans for treatment:

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If released, would you need medical services and do you have a community provider?

- Yes
- No

If yes, explain any plans for medical treatment in the community:

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If released, would you need mental health services?

- Yes
- No

Do you have a community provider?

- Yes
- No

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

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Please describe any other re-entry plans:

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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:

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

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT SEND ADDITIONAL DOCUMENTS WITH THIS APPLICATION**