Inmate Questionnaire: Request for Resentencing pursuant to 1170(d)

The San Diego County District Attorney’s Office reviews all inmate requests for reconsideration of sentence pursuant to PC1170(d). In order to properly evaluate the request, the following is a list of questions that should be fully and completely addressed by the inmate. There is no requirement that the answers be of any particular length, they just need to be complete. The inmate can use as many pages as he/she feels is necessary.

In many cases, the conduct of the inmate while in custody is of significant importance in our assessment, as is the psychiatric/mental health of the inmate. Attached are three CDCR forms: Central File Authorization Waiver (prison records), CDCR 7385 (assorted records/mental health/substance abuse records) and CDCR 7385 (psychiatric notes). To expedite our review of the request for resentencing, the inmate should sign these partially completed forms, so we can request the pertinent records that are in the custody of CDCR. IT IS ESSENTIAL that the inmate review these forms carefully to ensure he/she understands the rights he/she is waiving.

The answers to the below questions, original signed CDCR Authorization Forms, and copies of any additional written information/documentation the inmate feels is pertinent to the decision to recommend resentencing, should be included in the packet sent via US MAIL only to:

San Diego County District Attorney’s Office
Hall of Justice, 8th Floor
330 West Broadway, Suite 880
San Diego, CA 92101

No items submitted to this office will be returned to the inmate. Only copies of all items should be provided, except for the original signed Central File Authorization Waiver and CDCR 7385 Forms. Any additional or supplemental information should also be submitted via US MAIL to the above address and must include the inmate’s name and San Diego Court Case Number.

The inmate will be advised of our decision regarding his/her request at the conclusion of our review. Subsequent requests for reconsideration, without a significant change in circumstances or passage of time, will not be considered.

Please provide the following information:

1. Name under which you were charged, and any other names previously used or known akas
2. San Diego County Superior Court Case Number of committing offense(s), and CDCR inmate number.
3. List all charges, and whether each conviction was by jury trial, court trial, guilty plea or nolo contendre (no contest) plea.

4. Provide a detailed description of the facts (from beginning to end) for each offense for which you are now incarcerated.

5. For each committing offense for which you are currently incarcerated, describe what factors led you to commit this offense and explain why such factors will not cause criminal behavior to be repeated if you are released early.

6. Please list the full amount of restitution due and provide any documentation or proof of any restitution payments that have been made.

7. Have there been any behavioral or disciplinary actions during your incarceration, including any rules violations (115 or 128)? If so, describe each of them, along with any explanation for why such behavior took place.

8. List any efforts made at rehabilitation, or the potential for rehabilitation, such as completion of programs, self-help programs, skills or education gained, etc., while incarcerated, along with any post-release plans relating to continued programming needs.

9. Describe your post-release plans for housing, education, employment, and other forms of financial support.

10. What are the factors that warrant resentencing you to a lower term? This is a very broad question: Why should you be released early? Include factors learned/achieved in custody as well as factors impacting you from outside of prison.

Please list the documents you will provide via MAIL which document a.) restitution paid b.) your rehabilitation or the potential for rehabilitation, such as completion of programs (if available) or self-study (e.g., certificates, letters of support, etc.)