

Request for Sentence Review Under Penal Code section 1170 (d)(1) Incarcerated Person Questionnaire and Reentry Plan

Carefully answer the attached questions honestly and completely. Use additional pages if you feel they are necessary to fully answer the questions.

Because conduct while in custody is a significant factor that we consider it is important that we receive a copy of your Central File. Attached are three CDCR forms: [Central File Authorization Waiver](#) (prison records), [CDCR 7385](#) (assorted records/mental health/substance abuse records) and [CDCR 7385](#) (psychiatric records). Please review these forms carefully to ensure that you understand the rights you are waiving.

Your answers to the questionnaire, the **original** signed CDCR Authorization Forms, and **copies** of any additional written information/documentation, including any documents in support of Parole, should be included in the packet sent via US MAIL to:

San Diego County District Attorney's Office
330 W. Broadway, Fl 10 Atten: PC1170
San Diego, CA 92101

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

You will be advised of the District Attorney's decision in writing. Requests for reconsideration, without a significant change in circumstances or passage of time, will not be considered.

Incarcerated person's name: _____ CDCR#: _____

Include AKA's: _____

If someone other than incarcerated person is filling out this form:

Name: _____ Relationship to incarcerated person: _____

Phone: _____ Email: _____

DOB: _____ Current Age: _____ Age at time of offense: _____

County of Conviction: _____ Year of conviction: _____

San Diego court case number: _____

List all charges and whether each conviction was by jury trial, court trial, guilty plea or nolo contendere (no contest) plea. (list penal code numbers if possible): _____

Original sentence (in months or years) + list of enhancements: _____

Provide a detailed description of the facts (from beginning to end) for each committing offense for which you are currently incarcerated:

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

Time served as of today on current sentence: _____

Are you parole eligible? _____ If so, next date: _____ Date of last hearing: _____

What was Board's decision: _____ If denied, number of years: _____

Have you applied for Commutation? _____ When? _____

Did CDCR recommend you for PC1170 (d) resentencing? _____

If so, why? (merit, medical, enhancements, etc.): _____

Youthful offender eligible? _____ Elder Parole eligible? _____

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

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:

Is this case currently or was previously challenged on appeal? If so, please provide appellate court case number, status or result of appeal: _____

Please list case numbers or status of any other post-conviction relief that has been filed (writ of habeas corpus, PC1170.95, Franklin hearing, etc.): _____

Please list education programs completed and certificates received during current term (GED, college, coursework, etc.): _____

Please list vocational/trade programs completed during current term: _____

Please list self-help programs taken and laudatory chronos and certificates during your current term (support group, anger management, substance abuse, etc.): _____

Do you have letters of support from correctional staff? How many? Included with this application? _____

Do you have letters of support from friends/family? How many? Included with this application? _____

Reentry Plans

The first thing to do when putting together a reentry plan is to take inventory of the services you will need. A successful transition depends on getting your basic needs met.

Below are resources available to you for housing, health care, employment, etc. These providers can help you plan your successful reentry and reintegration back into the community.

- San Diego District Attorney's Office – Care Community Center 619-356-4489
Email: info@sdcarecenter.org Address: 12 N. Euclid Ave, National City, CA 91950. Conducts needs assessments to connect people with housing, job placement, counseling, and mental health services.
- Family Health Centers of San Diego – Reentry Support Services. 619-876-4451
Website: www.fhcsd.org. Will assist with resource coordination, advocacy, health system navigation, peer support, medical enrollment, dental and vision services, substance abuse counseling and much more.
- Family Health Centers of San Diego - RISE program 619-906-4660.
Email: rise@fhcsd.org. The RISE (reaching independence through support and empowerment) team will help you get services and resources you need as a citizen returning to the community.
- Second Chance – Reentry services 619-839-0960 or 619-839-0946.
Job readiness training, sober living housing, Prison 2 Employment, Board of State and Community Corrections provides a warm hand-off reentry service in San Diego County to inmates transitioning out of the California Department of Corrections and Rehabilitation.
- GLM Recovery Residence 619-609-9073. Email: glmhouse21@gmail.com
Community-based organization focused on helping unhoused neighbors in San Diego become housing ready.
- Father Joe's Villages SOAR 619-817-6512 or 619-522-4806 Email: fjvsoar@neighbor.org

Transition Plan

No one knows your needs better than you do. Use this checklist to help you plan how to meet those needs.

Identification

- California Photo I.D. / Driver's License
- Social Security Card
- Birth Certificate

Housing

- Emergency Shelter
- Transitional Housing
- Low Income Housing
- Sober Living
- Residential Treatment
- Family/Friend

Benefits

- Cal Fresh (food stamps)
- CalWORKs (TANF)
- Supplemental Security Income (SSI)
- Veteran's Benefits

Health & Wellness

- Medical Insurance/County Medical Service (CMS)
- Dental & Vision Services
- Mental Health Services/Counseling
- Out-Patient Substance Abuse Treatment
- Disability Services
- Family Services
- HIV/AIDS Services
- Pro-Social Activities

Employment & Education

- Job Training Program
- Certificate Programs
- Continuing Education (GED and Community College)
- Employment assistance

Other:

- _____

TOP 3 Reentry Needs Are:

1. _____
2. _____
3. _____

Do you have supportive friends and/or family to help with the transition from prison? If so, list names, relationship and contact information: _____

When will you check in with parole? There are two parole offices in San Diego County. One is in Chula Vista and the other is in Escondido. How will you get to the parole office? _____

What are the plans for housing? _____

What are the plans for employment or financial help? _____

What are the plans for continued self-help or substance abuse treatment? _____

What are the plans for continued mental health support? _____

Do you have a mentor or someone you can rely on for emotional support? _____

What are the plans for continuing education? _____
