



**OFFICE OF THE DISTRICT ATTORNEY
COUNTY OF KERN**

CIVIC CENTER JUSTICE BUILDING
1215 TRUXTUN AVENUE
BAKERSFIELD, CALIFORNIA 93301
(661) 868-2340, FAX: (661) 868-2700

CYNTHIA J. ZIMMER
DISTRICT ATTORNEY

ANDREA S. KOHLER
ASSISTANT DISTRICT ATTORNEY

JOSEPH A. KINZEL
ASSISTANT DISTRICT ATTORNEY

**Application for Relief
California Penal Code § 1170(d)(1)**

Please provide the following information in order for the Kern County District Attorney's Office to consider your request for relief under Penal Code section 1170(d)(1). Answer each question completely and you may attach additional pages to this request if necessary:

1. Your (convicted person's) name which they were convicted, and other names previously used or known akas:
2. If someone other than the convicted person is filling out this form, please give your name and relationship with the convicted person:
3. Your (convicted person's) date of birth:
4. Kern County Superior Court Case Number (BF and/or SC):
5. Year of offense(s):
6. Charge(s) filed:
7. Crime(s) convicted of:
8. Date of conviction(s):

9. Sentencing Judge:

10. Sentence imposed:

11. Name, phone number, email address, and street address of the attorney who represented you at the time of conviction and for any attorney representing you now.

12. Basis of conviction

☐

Jury Trial

☐

Plea Open (No offer / guilty or no contest)

☐

Trial by Judge

☐

Other (specify)

☐

Negotiated Plea (guilty or no contest)

13. Writs and Appeals

a. Is the conviction currently being challenged on appeal?

Yes No

If yes, please provide the appellate court case number(s) and the status of appeal.

b. Has there previously been an appeal of your conviction?

Yes No

If yes, please provide the appellate court case number(s) and the result of appeal.

c. Is there a petition for writ of habeas corpus currently pending before any court?

Yes No

If yes, please provide the court number(s) and petition number(s) and the current status of the petition.

- d. Has a petition for a writ of habeas corpus ever been previously filed for this conviction?

Yes No

If yes, please provide the court number(s) and petition number(s) for the writ of habeas corpus and the result of the petition.

- e. Has the convicted person applied for any other post-conviction relief, including but not limited to relief under Penal Code section 1170.95 or a Franklin hearing (Penal Code § 1203.01; In re Cook (2019) 7 Cal.5th 439 / Post judgment Evidence Preservation)?

Yes No

If yes, please provide the type of relief sought, the date(s) of application, and the name of the Deputy District Attorney assigned to the case.

14. Post-conviction factors

- a. Please describe the convicted person's disciplinary history.
- b. Provide a detailed description of the facts (from beginning to end) for each offense for which you are now incarcerated.

- c. 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.
- d. Please describe the convicted person's record of rehabilitation including any evidence that age, time served, or diminished physical condition have reduced the convicted person's risk for future violence.
- e. Please describe any evidence that reflects that circumstances have changed since original sentence so that continued incarceration is no longer in the interest of justice.
- f. Please list the full amount of restitution due and provide any documentation or proof of any restitution payments that have been made.

15. Additional factor(s) in mitigation

Are there any additional factor(s) in mitigation that support relief, if yes please explain?

16. History

Does the convicted person have any history of trauma, mental illness, or substance abuse that played a role in the commitment offense?

17. Re-entry plans

What are the convicted person's re-entry plans, including but not limited to housing, vocational, self-help, and treatment, should relief be granted?

18. Please state if there is new evidence (not known at the time of trial/conviction) relevant to the conviction.

19. Please explain the reason(s) the conviction should be reviewed.

Date:_____

Signature of Claimant

Type/print name

Once complete, please mail this application, all signed waivers, and any other relevant supporting documents to:

Kern County District Attorney's Office

1170(d) Relief Application
1215 Truxtun Ave.
Fourth Floor
Bakersfield, CA 93301