

District Attorney Discretion to Recommend Sentence Recall and Resentencing

Assembly Bill 2942 & Penal Code § 1170 (d)(1).

INTAKE FORM

Name of Incarcerated Person:		
Name of Support Person for Incarcerate	d Person:	
Contact information of Support Person:(phone)	(email)
CDCR Inmate #:	Current CDCR I	Facility:
Race/Ethnicity(optional):		Current Age/Year of Birth:
Do you have children? Yes / No How r	nany?	_ Grandchildren? Yes / No How many?
County of conviction:		Age at time of offense:
Current commitment conviction(s) (list P	enal Code #(s) i	if possible):
		ments:
Parole Eligible? Yes / No When is your	next hearing?	Youth Offender Parole Eligible? Yes / N
When was your last Parole hearing?	Wh	nat was the Board's decision?
Have you applied for Commutation? Ye	s/No When?_	Did you get an interview? Yes / N
Have you received a letter from CDCR r	ecommending yo	ou for 1170(d)(1) Recall of Sentence and
Resentencing for: (a) "Exceptional Con-	duct"? Yes / No	(b) Another reason (enhancements, etc.)? Yes / No
When did you receive this letter? Have y	ou heard from th	the trial court?
Please list education programs comple	eted and certifica	ates received during your current term: (GED, college,
coursework, how many credits left until	graduation?)	
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received during your current term:
Please list self-help programs taken, and laudatory chronos & certificates received during your current term:
(support group, anger management, substance abuse, etc.)
Please list awards received and mentorship and leadership roles and volunteering during your current term:
Do you have letters of support for Parole Board, Commutation, etc.? How many?
Do you have any letters of support from correctional staff? How many?
Do you have any letters offering housing or employment?
Describe your support network and re-entry plan (relationships, family, housing, employment, support groups,
education plans, etc.):