

NOTICE OF RIGHT TO HAVE SENTENCE REVIEWED/APPLICATION FOR REVIEW

JD-CR-104 Rev. 3-12
C.G.S. §§ 51-195, 54-227, Pr. Bk. §§ 43-24, 43-26

STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.ct.gov



Instructions To Clerk

1. Give defendant one form per docket number.
2. Complete top portion of form with case information.
3. Do not accept this Application if the Applicant indicates being in the custody of the Department of Correction and fails to submit a completed form JD-VS-3, Inmate Notice of Application.
4. Complete For Court Use Only section at bottom of Application section of form.
5. Make 5 copies. Submit original to Sentence Review Division. Give one copy each to the Sentencing Judge, Court Reporter, Defense Counsel, and State's Attorney, and put one copy in the Court File.
6. When sending to Sentence Review Division, complete transmittal on back of this form.

Instructions To Court Reporter

Upon receipt, transcribe and forward to Sentence Review Division the sentencing hearing for applicant unless such transcript has already been ordered and will be provided to the clerk.

Inmate number

State of Connecticut vs. (Name of Defendant)	From (Judicial district or Geographical area)	At (Town)	Docket number
Address of court where sentenced (Number, street, town and zip code)			Date of sentence

Notice to the Defendant Named Above

You have the right to have the sentence you received today reviewed by the Sentence Review Division of the Superior Court. If it is reviewed, your sentence may be made longer or shorter within the limits of the sentence set by law, another sentence or sentences that you could have been given at the time of your sentencing may be given to you, or the Sentence Review Division may decide that the sentence you were given is correct and should not be changed.

If the court decides that you cannot afford to hire an attorney, you have the right to ask the court at the court location listed above to appoint an attorney to represent you before the Sentence Review Division of the Superior Court.

To have your sentence reviewed, fill-out the Application below, sign it, and file it (all pages) with the Clerk of the Superior Court at the address listed above **within thirty (30) days from the date of sentence above** or, if you received a suspended sentence that was revoked, within thirty (30) days from the date that your sentence was revoked. Fill-out a separate application for each case you are requesting a review of your sentence for.

If you are in the custody of the Department of Correction, your application cannot be accepted by the clerk unless you fill out, sign, and file an *Inmate Notice of Application*, form JD-VS-3, with your application. Under section 54-227 of the Connecticut General Statutes, receipt of the completed *Inmate Notice of Application* form by the clerk is proof that you have given notice of your application to the Office of Victim Services and to the Department of Correction, Victim Services Unit.

Application For Review Of Sentence

To: The Superior Court

I am applying to the Sentence Review Division of the Superior Court for a review of the sentence I received in the case named above ("X" one):

- I was represented by counsel in this matter.
- I represented myself in this matter and **I do not** want an attorney to represent me.
- I represented myself in this matter and **I do** want an attorney to represent me.

I ask the clerk to give to the Sentence Review Division the documents listed below that were given to the court at the time I was sentenced (*specify documents*):

("X" one):

- I am not in the custody of the Department of Correction.
- I am in the custody of the Department of Correction. I notified the Office of Victim Services and the Department of Correction, Victim Services Unit of this application. I filled out form JD-VS-3, *Inmate Notice of Application*, and it is attached to this application to prove that I notified the Office of Victim Services and the Department of Correction, Victim Services Unit.

Correctional facility where you are incarcerated (If this applies to you)		Court Use Only - Stamp Date Received
Signed (Defendant/Applicant)	Date signed	
For Court Use Only (To be completed by clerk)		
Name of sentencing Judge	Name, address and juris number of prosecuting authority	
Name, address and juris number of defense counsel		

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at www.jud.ct.gov/ADA/

Sentence Review Division
225 Spring Street
Second Floor
Wethersfield, CT 06109

Date

Dear Sentence Review Division:

An application for review of sentence has been filed with the court. Enclosed is the original application and the item(s) checked below:

- 1. Copy of Transcript of proceedings at time of sentencing, if already in the court file.
 - 2. Copy of Presentence Investigation.
 - 3. Copy of any medical or psychiatric examinations.
 - 4. Copy of Information including Part B or Part II Information(s).
 - 5. Copy of Substitute Information.
 - 6. Copy of Judgment File.
 - 7. Name and address of guardian ad litem.
 - 8. Other (*specify*):
-

Very truly yours,

Clerk of the Court