

Section 2: Sentence Review

Did you apply for sentence review? Yes No (if "No," skip to section 3)

Lawyer was: Public Defender Assigned Counsel Privately Retained I was self-represented

Name(s) of Lawyers

Result: Sentence Affirmed Sentence Modified

If "Sentence Modified" is selected, specify modification

Section 3: Direct Appeal for Criminal Conviction

Did you appeal? Yes No (if "No," skip to section 4)

Lawyer was: Public Defender Assigned Counsel Privately Retained I was self-represented

Name(s) of Lawyers

Issues raised in the appeal

Result: Affirmed Denied Other

Section 4: Prior Habeas Corpus Petition(s)

Have you filed other habeas corpus petitions challenging this conviction? Yes No

List each petition separately and start with the most recent working backwards

Docket number	Geographical Area or Judicial District Location
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Lawyer was: Public Defender Assigned Counsel Privately Retained I was self-represented

Name(s) of Lawyers

Disposition:

Was the habeas decision appealed? Yes No

Appeal Lawyer was: Public Defender Assigned Counsel Privately Retained I was self-represented

Name(s) of Lawyers

Result of Habeas Appeal:

Section 4: Prior Habeas Corpus Petition(s)

Docket number	Geographical Area or Judicial District Location
Lawyer was: <input type="checkbox"/> Public Defender <input type="checkbox"/> Assigned Counsel <input type="checkbox"/> Privately Retained <input type="checkbox"/> I was self-represented	
Name(s) of Lawyers	
Disposition: _____	
Was the habeas decision appealed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Appeal Lawyer was: <input type="checkbox"/> Public Defender <input type="checkbox"/> Assigned Counsel <input type="checkbox"/> Privately Retained <input type="checkbox"/> I was self-represented	
Name(s) of Lawyers	
Result of Habeas Appeal: _____	

Docket number	Geographical Area or Judicial District Location
Lawyer was: <input type="checkbox"/> Public Defender <input type="checkbox"/> Assigned Counsel <input type="checkbox"/> Privately Retained <input type="checkbox"/> I was self-represented	
Name(s) of Lawyers	
Disposition: _____	
Was the habeas decision appealed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Appeal Lawyer was: <input type="checkbox"/> Public Defender <input type="checkbox"/> Assigned Counsel <input type="checkbox"/> Privately Retained <input type="checkbox"/> I was self-represented	
Name(s) of Lawyers	
Result of Habeas Appeal: _____	

Docket number	Geographical Area or Judicial District Location
Lawyer was: <input type="checkbox"/> Public Defender <input type="checkbox"/> Assigned Counsel <input type="checkbox"/> Privately Retained <input type="checkbox"/> I was self-represented	
Name(s) of Lawyers	
Disposition: _____	
Was the habeas decision appealed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Appeal Lawyer was: <input type="checkbox"/> Public Defender <input type="checkbox"/> Assigned Counsel <input type="checkbox"/> Privately Retained <input type="checkbox"/> I was self-represented	
Name(s) of Lawyers	
Result of Habeas Appeal: _____	

Docket number	Geographical Area or Judicial District Location
Lawyer was: <input type="checkbox"/> Public Defender <input type="checkbox"/> Assigned Counsel <input type="checkbox"/> Privately Retained <input type="checkbox"/> I was self-represented	
Name(s) of Lawyers	
Disposition: _____	
Was the habeas decision appealed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Appeal Lawyer was: <input type="checkbox"/> Public Defender <input type="checkbox"/> Assigned Counsel <input type="checkbox"/> Privately Retained <input type="checkbox"/> I was self-represented	
Name(s) of Lawyers	
Result of Habeas Appeal: _____	

Section 5: Challenges to Conviction

This petition challenges the proceeding(s) that led to my conviction because of the following.

You must state facts (NOT case citations or legal arguments) supporting each of your claims.

My attorney did not represent me properly:

Plea bargain was not followed:

My sentence is not being calculated according to my understanding when I pleaded guilty:

My sentence/sentencing is/was illegal:

My plea was not voluntary:

Impaired mental state at plea or trial:

Other:

Section 5: Challenges to Conviction (Additional Information)

Any additional information from Section 5 that would not fit within the space allocated within the statements.

Section 6: Challenges to Sentence Credit/Calculation

Department of Correction has not correctly credited my **pre-sentence incarceration**.

Total days credited by DOC

Total days I'm entitled to

FROM TO

FROM TO

FROM TO

Brief explanation of why I am entitled to this credit:

Department of Correction has not correctly applied my **statutory credit**.

Total days credited by DOC

Total days I claim I'm entitled to

General Statutes section number(s)

Brief explanation of why I am entitled to this credit:

I have been given a parole eligibility date that is statutorily illegal because:

Other:

Section 7: Previous Claims

Have any of the claims raised in this petition been previously raised ANYWHERE? Yes No

If "Yes," list the court, docket number, and outcome for EACH action.

Section 8: Relief Requested

I am asking the court to:

- Let me withdraw my guilty plea
 - Order a new trial or release me
 - Allow me the opportunity to accept a prior plea offer
 - Correct my illegal sentence or sentence calculation by: _____
 - Other: _____

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OATH AND AFFIRMATION

I, _____ solemnly and sincerely affirm and declare that the statements contained herein are true to the best of my knowledge and belief, upon the pains and penalties of perjury or false statement.

Signature of Petitioner

State of Connecticut, County of _____, being duly sworn, states that the above information is true to the best of their knowledge.

Date Notarized

Notary Public / Commissioner of the Court /
Person authorized under General Statutes § 1-24

Date my commission expires

NOTES

1. This petition must be signed and notarized on this page and on the following page, or this petition will be rejected and returned to you by the clerk.
2. You must file the original with the Clerk.

APPOINTMENT OF COUNSEL

I want do NOT want an attorney appointed to represent me in this claim.

Date signed

Signature of Petitioner

APPLICATION FOR WAIVER OF COSTS AND FEES

I, _____ the petitioner herein, am without funds and am unable to pay court fees and costs. I have _____ in my prison account and total assets valued at approximately _____. I ask the court to waive fees and costs having to do with this petition. I also understand that any false statement in this petition could result in a conviction for false statement (General Statutes § 53a-157).

Signature of Petitioner

State of Connecticut, County of _____, being duly sworn, states that the above information is true to the best of their knowledge.

Date Notarized

Notary Public / Commissioner of the Court /
Person authorized under General Statutes § 1-24

Date my commission expires

ORDER

Appointment of Counsel

GRANTED

DENIED

Waiver of Costs and Fees

GRANTED

DENIED

By the Court	Signed (<i>Judge/Clerk</i>)	On Date
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