

## APPLICATION FOR SENTENCE REVIEW

\_\_\_\_\_  
(NAME OF DEFENDANT)

VS

STATE OF GEORGIA

INDICTMENT NUMBER: \_\_\_\_\_

\_\_\_\_\_  
SUPERIOR COURT

The above named applicant hereby applies to the Superior Courts Sentence Review Panel of Georgia for review of the felony sentence imposed in the Superior Court of \_\_\_\_\_ County on \_\_\_\_\_, 20\_\_\_\_.

The Clerk will please forward a copy of the sentence(s) of the Court, the indictment(s), pre-sentence or post-sentence investigation by the Court or by the probation officer to the Sentence Review Panel, 18 Capitol Square, Suite 108, Atlanta, Georgia 30334.

Application for Review of Sentence is pursuant to OCGA 17-10-6 which states a defendant receiving a felony sentence of 12 years or more imposed by a Superior Court Judge may apply to have the sentence(s) reviewed by the Sentence Review Panel. Felony sentences of less than 12 years are eligible for review only when they are to be served consecutively for a total of 12 or more years and were imposed in the same county within the same term of court. The Panel cannot review life sentences for murder, death penalty sentences, sentences for the offenses of armed robbery, kidnaping, rape, aggravated child molestation, aggravated sexual battery and aggravated sodomy or misdemeanor sentences, even if they total 12 years or more. Sentences eligible for review are felony sentences of 12 or more years, including probated sentences, split sentences, sentences imposed under the First Offender Act. If a First Offender Act sentence is revoked and a sentence of 12 years or more is imposed, that sentence is reviewable even if the original First Offender Act sentence has already been reviewed by the Panel.

Application may be filed by the defendant or attorney. Please indicate below whether you are the attorney or defendant.

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
Defendant

Please indicate below the name and address of the person filing this application:

Complete the information below concerning the Defendant:

State I. D. Number \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
SIGNATURE OF APPLICANT

**PLEASE RETURN THIS FORM TO THE SUPERIOR COURT CLERK  
OF THE COUNTY IN WHICH THE DEFENDANT WAS SENTENCED.**