APPLICATION FOR SENTENCE REVIEW – CRITERIA (as of 10/1/2021)

The Sentencing Review Unit (SRU) will prioritize cases utilizing the following criteria for initial review but not wholly sufficient for a recommendation to support release (please see factors considered below):

1. Individuals who have spent at least 20 years in prison on a sentence for a crime committed as a juvenile (age 17 and under); OR

2. Individuals who have a documented serious medical condition according to CDC that places them at a higher risk of serious illness or death if they contract COVID-19; AND
   a. They are over the age of 60 who have spent more than 25 years in prison on a life sentence; OR
   b. They have spent at least 25 years in prison on a sentence committed as an emerging adult (age 18-24).

You must be serving a sentence of incarceration imposed in the Circuit Court for Baltimore City.

After an initial screening, SRU will conduct a thorough review of whether the SAO should support the release of the individual which includes – but is not limited to - consultation with the victim/next of kin, consultation with the homicide prosecutor who handled any aspect of the case (where applicable), facts of the case, mitigating circumstances, changes in sentencing practices, conduct while incarcerated, reentry plan, certificates of achievement, letters of support, length of time in prison, age, medical conditions, remorse, positive development, family/community support, and likelihood of re-offending.

TO SUBMIT AN APPLICATION FOR YOURSELF OR A FAMILY MEMBER, PLEASE COMPLETE THE ATTACHED FORM, AND SEND IT VIA MAIL OR EMAIL TO:

Mail: Sentencing Review Unit
      Office of the State’s Attorney for Baltimore City
      120 E. Baltimore Street, 9th Floor
      Baltimore, MD 21202

Email: sentencingreview@stattorney.org

Please note that due to the volume of requests, it may take a period of time before you receive a response.
OFFICE OF THE STATE’S ATTORNEY FOR BALTIMORE CITY
SENTENCING REVIEW UNIT

Marilyn J. Mosby, State’s Attorney

SENTENCING REVIEW APPLICATION

Today’s Date: ___________________________  DOC Institution: ___________________________

Inmate Full Name & DOC Number: ______________________________________________________

Case Numbers: _______________________________________________________________________

Offenses Convicted of: __________________________________________________________________

Total Sentence imposed: ______________ Age at the time of the Offense: ______________________

Date Sentence was Imposed: ______________ Start date of sentence: _________________________

Name of Judge: _________________________ Date of Criminal Incident: _______________________

Number of Years Served, so far: ___________ Date of Last Parole Hearing: ___________________

Name of Victim(s): ____________________________________________________________________

Do you currently have a defense attorney? Y ☐ or N ☐ If yes, who: _________________________

Are you serving any other sentences? Y ☐ or N ☐ If yes, list case numbers: ____________________

Do you have any serious medical conditions that place you at a higher risk of becoming seriously ill if you contract COVID-19? Y ☐ or N ☐ If yes, please list conditions: ☐

• Do you have a copy of your sentencing transcript? Y ☐ or N ☐
• Do you have a copy of your appellate decision (if you had an appeal)? Y ☐ or N ☐

If you have any of these documents, please send them with your application. If you need your copy back, please let us know and we will mail your original back to you.

If someone other than the inmate filled out this application, please write your name, relation to the inmate, and contact information: _____________________________________________

Applications can be submitted via email to: sentencingreview@stattorney.org or by regular mail to: Sentencing Review Unit, Baltimore City State’s Attorney’s Office, 120 East Baltimore Street, 9th Floor, Baltimore, MD 21202.