

PETITION FOR WRIT OF HABEAS CORPUS

Notice - Starting October 1, 2006, A petition that challenges a conviction, confinement or other deprivation of liberty that is a result of conviction of a crime, must be filed at the **Superior Court, 20 Park Street, P.O. Box 980, Rockville, CT 06066** File the original and two copies with the court clerk

If the petition raises claims based on anything *other than* a criminal conviction (such as adjudications not guilty by reason of insanity or as a juvenile), the petition and two copies must be filed in the Judicial District where the petitioner is confined or held.

Inmate No.:

Name of Inmate:

FOR SUBMISSION TO SUPERIOR COURT AT:

vs. Warden Location

Address:

1. Details of conviction(s) and sentence(s) now being served:

1a.	Date of Arrest:
1b.	Location of Court:
1c.	Sentencing Judge:
1d.	Date(s) of sentencing:
1e.	Sentence(s) (specify individual counts): Concurrent or Consecutive: Total effective sentence:
1f.	<input type="checkbox"/> I Plead guilty. Date of plea: (or) <input type="checkbox"/> I was convicted by: a jury <input type="checkbox"/> a judge <input type="checkbox"/>
1g.	Total time in jail before sentencing: _____ (days)
1h.	My lawyer was: <input type="checkbox"/> A Public Defender or Special Public Defender <input type="checkbox"/> Privately retained (paid to represent you): Name(s) of your lawyer(s): _____

2. Did you apply for sentence review? Yes No

If yes, what result?:

Inmate No.:

3. Did you appeal your conviction? Yes No

3a. What issues did you appeal?:
3b. Did you appeal the issue you claim in this petition and, if not, why?:
3c. Result of your appeal:
3d. The lawyer for my appeal was: <input type="checkbox"/> A Public Defender or Special Public Defender <input type="checkbox"/> Privately retained (paid to represent you)
Name of Appellate Attorney: _____

4. Have you filed any other habeas corpus petitions? Yes No

4a. In what court?:
4b. List the docket or case numbers:
4c. Have you raised the issue in this petition in any of the old petitions?:
4d. If not, why not?:

NOTICE

It is not enough to make general allegations using constitutional terms such as "due process" or "cruel and unusual punishment", in fact these terms need not be used at all. You must state your claim clearly, simply and directly in language you can understand. It is not necessary to cite cases. Failure to back up your claim with understandable factual allegations could mean that a judge will deny your petition before you ever get to court. In other words, what you state here must show the judge that you really have a problem. Also, since this petition must be sworn to under oath, any false statement in it could result in a conviction for false statement (C. G. S. 53a- 157).

This form is intended to assist you in giving enough information to the court or your attorney. You may prepare your own petition if you wish, but you must be as detailed about your claim as is this form or your petition could be returned to you.

I have read the above notice _____
Signature of Petitioner

Inmate No.:

5. This petition claims that my conviction is illegal because:

5a. Guilty plea not voluntary:
5b. Plea bargain with prosecutor not followed by Judge:
5c. My sentence is not being calculated according to my understanding when I pleaded guilty:
5d. Sentencing illegal:
5e. Trial irregularity:
5f. My attorney did not represent me properly:
5g. Illegal arrest, search, or advice of rights:
5h. Mental state at plea or trial was:
5i. Other (specify):

5j. State all facts and details to support your claim (use additional pages if necessary):

6. This petition claims that my incarceration/sentence is illegal because:

6a. Department of Correction has not correctly credited my pre-sentence incarceration. Total days credited is _____ days; I think the total should be _____ days.
6b. Department of Correction has not correctly credited my statutory good time. Total days credited is _____ days; I think the total should be _____ days.
6c. I have been given a parole eligibility date that is illegal because:
6d. Other (be specific):
6e. State all facts and details regarding your claim:

Inmate No.:

Do not answer question 7 on the same petition with any claim under question 5 and/or question 6. Please use a separate petition to raise any claim under Question 7. Answering Question 7 on the same petition with any other claim may result in its being returned to you and/or substantial delay.

7. This petition claims that my incarceration/sentence is illegal because:

7a. Prison hearing on: discipline ____, parole ____, other (specify) ____ being denied or is improper because:
7b. The conditions here are inhumane or dangerous to me because:
7c. The medical ____, drug/ alcohol ____, dental ____, mental health treatment program ____ here is:
7d. A corrections officer ____, inmate ____, other person (specify) _____ named _____ has done the following:
7e. Other (be specific or use this space to complete above answers if needed):
7f. State all facts and details regarding your claim:

I am asking the court to:

1. <input type="checkbox"/> Let me withdraw my guilty plea
2. <input type="checkbox"/> Order new trial or release me
3. <input type="checkbox"/> Correct the institutional condition complained of
4. <input type="checkbox"/> Correct my sentence____, sentence calculation ____ by:_____
5. Other (specify)

Inmate No.:

REQUEST FOR APPOINTMENT OF COUNSEL

(Counsel will not be appointed for claims under question 7)

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

Date signed

Signature of Petitioner

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

Date Notarized

Notary Public

Date my commission expires

APPLICATION FOR WAIVER OF FEES

I, _____, the petitioner herein, am without funds and am unable to pay court fees and costs or to engage an attorney. I have \$ _____ in my prison account and total assets valued at \$ _____. I ask the court to waive fees and cost having to do with this petition.

Signature of Petitioner

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

Date Notarized

Notary Public

Date my commission expires