

**APPLICATION FOR SENTENCE REVIEW**

\_\_\_\_\_  
**Superior Court**  
**State of Georgia**

\_\_\_\_\_  
vs. \_\_\_\_\_ No. \_\_\_\_\_  
The State

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Pursuant to OCGA 17-10-6, \_\_\_\_\_ hereby applies to the Superior Courts Sentence Review Panel of Georgia for review of the felony sentence(s) imposed in the \_\_\_\_\_ Superior Court on \_\_\_\_\_, 20\_\_\_\_, the term of which runs to 12 years or more.

The Clerk will please forward to the Panel a copy of the sentence(s), the indictment, a copy of the applicant's criminal record, and any pre-sentence or post-sentence investigation made by the court or the probation officer.

This application is filed by \_\_\_\_\_, (Counsel / Defendant).

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complete the information below concerning the defendant:

State Prison I.D. number: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

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