

IN THE DISTRICT/SUPERIOR COURT FOR THE STATE OF ALASKA  
AT \_\_\_\_\_

In the Matter of the Application  
for Post Conviction Relief of:

\_\_\_\_\_  
Name of Applicant

FOR COURT USE ONLY

CASE NO. \_\_\_\_\_ CI

**APPLICATION FOR POST CONVICTION  
RELIEF FROM CONVICTION OR  
SENTENCE (CRIMINAL RULE 35.1)**

**CERTIFICATION**

I certify that this document and its attachments do not contain (1) the name of a victim of a sexual offense listed in AS 12.61.140 or (2) a residence or business address or telephone number of a victim of or witness to any crime unless it is an address used to identify the place of the crime or it is an address or telephone number in a transcript of a court proceeding and disclosure of the information was ordered by the court.

I, \_\_\_\_\_, hereby apply for relief under Criminal Rule 35.1.

**PART A**

(Please type or print neatly. Also, if possible, please attach a copy of your judgment of conviction.)

The conviction (sentence) from which I seek relief is as follows:

1. Full original case number: \_\_\_\_\_

Case name: \_\_\_\_\_  
(plaintiff) (defendant)

2. Court which imposed sentence:  District Court  Superior Court

Court location: \_\_\_\_\_ Name of Judge: \_\_\_\_\_

3. Date shown in clerk's certificate of distribution on the judgment: \_\_\_\_\_

4. Date of sentencing and terms of sentence:

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

5. Crime or crimes of which I was convicted:

\_\_\_\_\_

6. I am now  not in custody  in custody at \_\_\_\_\_

7. Mailing address: \_\_\_\_\_

8. The finding of guilty was made after a plea of

guilty       not guilty       nolo contendere

9. Finding was made by  a jury       a judge

10. Name and address of my lawyer:

\_\_\_\_\_

I was not represented by a lawyer.

11. Lawyer was  employed by me       appointed by the court

12. Did you appeal your conviction (or sentence)? \_\_\_\_\_

13. If you answered "yes" to question No. 12 above, state the following:

a. The name of each court to which you appealed:

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

b. The result in each court to which you appealed and the date of such result:

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

c. Did a lawyer represent you on the appeal(s)? \_\_\_\_\_

State the name(s) and address(es) of your lawyer(s) on the appeal(s):

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

Lawyer was:  employed by me       appointed by the court

14. Have you filed a previous application for post conviction relief in this case? \_\_\_\_\_

15. Did you seek any other review of or relief from this conviction or sentence (for example, by filing a motion to modify or correct the sentence, or a petition for habeas corpus or coram nobis in this court or any other state or federal court)? \_\_\_\_\_

16. If you answered "yes" to No. 14 or No. 15, state the following:

a. Each ground for relief which you previously presented:

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b. The proceedings in which each ground was raised:

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c. The results of each proceeding and the date of such results:

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d. The name and address of lawyers(s), if any, who represented you in these proceedings (separately for each proceeding):

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e. Lawyer was  employed by me  appointed by the court





### PART C

(Fill out this section only if you claim that you are indigent. You must attach a sworn Financial Statement on form CR-206. Note: AS 18.85.100(c) limits the appointment of counsel in post conviction relief proceedings. )

- I request that the filing fee be partially waived for this application. I am attaching:
1. a filled out CIV-670 PRISONER REQUEST FOR FILING FEE EXEMPTION;
  2. a filled out CR-206 FINANCIAL STATEMENT; and
  3. a certified copy of my prisoner account statement for the past six months from the Department of Corrections (DOC).

- I request that the court appoint an attorney to represent me in this proceeding because I cannot afford to pay for one. I understand that:

1. I must attach a filled out CR-206 FINANCIAL STATEMENT to this application.

I must provide to the court all financial information requested by the court so the court can decide if I qualify for an appointed attorney. This information may be made available to the Attorney General after the conclusion of this proceeding. If I give false information, it may be used to prosecute me for perjury.

2. If my financial situation changes and I do not report this to the court, the law requires my appointed attorney to do so.
3. If my application for post conviction relief is denied, the court will enter a judgment against me which will require me to pay part of the cost of my appointed attorney. In most cases the court will use the schedule shown below to determine the amount I will be required to pay. However, in unusual circumstances, the court may enter judgment against me for more or less than the scheduled amount. After the judgment is entered, I may request the court to reduce the amount of the judgment if payment would cause manifest hardship to me or my family.

#### Schedule of Costs for Court-Appointed Counsel

Offense of Which Applicant Was Convicted			
Misdemeanor	Class B or C Felony	Class A or Unclassified Felony	Murder in the 1st or 2nd Degree
\$250	\$250	\$500	\$750

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\* Pamphlet CR-204 explaining the benefits and costs of court-appointed counsel is available from the court.

**GENERAL WAIVER**

If I have requested a court-appointed attorney, I authorize anyone to release to the Alaska Court System all information concerning my assets, liabilities, account balances and any income source I have had for the past three years. This includes but is not limited to all current and past employers, banks, credit and depository institutions, accountants, brokers and credit bureaus.

**VERIFICATION**

I, \_\_\_\_\_, say on oath or affirm that I have read all parts of the foregoing document and believe all statements made in the document are true. I understand that false statements in this application may subject me to prosecution for perjury.

***Do not sign until in the presence of a notary or court clerk.***

\_\_\_\_\_ Date

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

\_\_\_\_\_ Address

\_\_\_\_\_

Subscribed and sworn to or affirmed before me at \_\_\_\_\_, Alaska.  
on \_\_\_\_\_ Date

(SEAL)

\_\_\_\_\_  
Clerk of Court, Notary Public, or other  
person authorized to administer oaths.  
My commission expires: \_\_\_\_\_

I certify that on \_\_\_\_\_,  
a copy of this application was sent to the District  
Attorney at \_\_\_\_\_, Alaska.

Clerk: \_\_\_\_\_

Expedited Consideration

Under Criminal Rule 35.1(i), you may move for expedited consideration of this application. Your motion must comply with Civil Rule 77(g).