

PETITION FOR WRIT OF HABEAS CORPUS

Notice A petition that challenges a conviction, confinement or other deprivation of liberty that is a result of a conviction of a crime, must be filed at the **Superior Court, 20 Park Street, Rockville, CT 06066**. File the original and **TWO** copies with the court clerk.

NOTE: Page 5 and Page 6 must be signed and notarized before filing.

Revised 2/15

If you are held on something *other than* a criminal conviction (such as adjudications of 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.

CT Inmate No.:	
Other No:	A#
Name of Inmate:	

FOR SUBMISSION TO SUPERIOR COURT AT:

v. Commissioner of Correction

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: Probation/Special Parole:	
1f. I <input type="checkbox"/> Plead guilty. Date of plea:	
(or) I <input type="checkbox"/> 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 <input type="checkbox"/> Special Public Defender (Assigned Counsel) <input type="checkbox"/> Privately retained (paid to represent you):	
Name(s) of your lawyer(s):	

2. Did you apply for sentence review? Yes No

My lawyer was: <input type="checkbox"/> A Public Defender <input type="checkbox"/> Special Public Defender (Assigned Counsel) <input type="checkbox"/> Privately retained (paid to represent you)
Name of Lawyer:
If yes, what result?:

Inmate No.:

3. Did you appeal your conviction? **Yes** **No**

3a. What issues did you appeal?:

3b. Result of your appeal:

3c. My lawyer was: A Public Defender Special Public Defender (Assigned Counsel)
 Privately retained (paid to represent you)

Name of Appellate Attorney:

4. Have you filed any other habeas corpus petitions? **Yes** **No**
(please list information on each petition separately)

4a. Docket #:

Court Location:

My lawyer was: A Public Defender Special Public Defender (Assigned Counsel)
 Privately retained (paid to represent you)

Name of Habeas Lawyer:

Disposition:

Was the habeas decision appealed? **Yes** **No**

Result of your habeas appeal:

My lawyer was: A Public Defender Special Public Defender (Assigned Counsel)
 Privately retained (paid to represent you)

Name of Habeas Appellate Attorney:

4b. Docket #:

Court Location:

My lawyer was: A Public Defender Special Public Defender (Assigned Counsel)
 Privately retained (paid to represent you)

Name of Habeas Lawyer:

Disposition:

Was the habeas decision appealed? **Yes** **No**

Result of your habeas appeal:

My lawyer was: A Public Defender Special Public Defender (Assigned Counsel)
 Privately retained (paid to represent you)

Name of Habeas Appellate Attorney:

(If there are additional prior habeas corpus petitions please use an additional page)

Inmate No.:

Please check all that apply. You must state facts supporting each claim. Use additional pages if necessary. Any false statement in this petition could result in a conviction for false statement (G.G.S. 53a-157).

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

5a. Guilty plea not voluntary:
5b. Plea bargain was not followed:
5c. My sentence is not being calculated according to my understanding when I pleaded guilty:
5d. Sentencing illegal:
5e. My attorney did not represent me properly:
5f. Illegal arrest, search, or advice of rights:
5g. Impaired mental state at plea or trial:
5h. Other

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. What are the missing dates? (Please include detailed explanation)
6b. Department of Correction has not correctly credited my statutory time. Total days credited is _____ days; I think the total should be _____ days. What are the missing dates? (Please include detailed explanation)
6c. I have been given a parole eligibility date that is statutorily illegal because:
6d. Other (be specific):

7. Have any of the claims raised in this petition been previously raised at trial, direct appeal or in any previous habeas petition? Yes No

Explain:

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 my sentence _____; sentence calculation _____ by: _____
4. Other (specify) :

Inmate No.:

Do not answer question 8 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 8. Answering Question 8 on the same petition with any other claim may result in its being returned to you and/or substantial delay.

Please check all that apply. You must state facts supporting each claim. Use additional pages if necessary. Any false statement in this petition could result in a conviction for false statement (G.G.S. 53a-157).

8. This petition claims that my conditions of confinement are illegal because:

8a. Prison hearing on: discipline ___ ; parole ___ ; other (specify) ___ being denied or is improper because:
8b. The conditions here are inhumane or dangerous to me because:
8c. The medical ___ ; drug/ alcohol ___ ; dental ___ ; mental health treatment program ___ here is:
8d. A correction officer ___ ; inmate ___ ; other person (specify) _____, named _____ has done the following:
8e. Other (be specific or use this space to complete above answers if needed):
8f. State all facts and details regarding your claim:

I am asking the court to:

1. <input type="checkbox"/> Correct the institutional condition complained of
2. Other (specify) :

Inmate No.:

OATH

I, _____ solemnly and sincerely affirm and declare that the statements contained herein are true to the best of my knowledge and belief, upon the pains and penalties of perjury or false statement.

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
Commissioner of the Court/
Paralegal/Investigator (per C.G.S. 1-24)

Date my commission expires

Inmate No.:

REQUEST FOR APPOINTMENT OF COUNSEL

(Counsel will not be appointed for claims under question 8)

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

Date signed

Signature of Petitioner

APPLICATION FOR WAIVER OF FEES

I, _____, the petitioner herein, am without funds and am unable to pay court fees and costs. I have \$ _____ in my prison account and total assets valued at \$ _____. I ask the court to waive fees and costs having to do with this petition. I, _____, further understand that any false statement in this petition could result in a conviction for false statement (C.G.S. 53a-157).

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
Commissioner of the Court/
Paralegal/Investigator (per C.G.S. 1-24)

Date my commission expires

**ORDER: GRANTED / DENIED
BY THE COURT**

JUDGE / CLERK

DATE

NOTE: THIS PETITION MUST BE SIGNED AND NOTARIZED ON PAGE 5 AND PAGE 6 OR THIS PETITION WILL BE REJECTED AND RETURNED TO YOU BY THE CLERK.