



**Washington State
Office of
Public Defense**

**Postconviction Program
Personal Restraint Petition
Application Form**

Applicant Date: _____

Applicant's Full Legal Name: _____

Preferred Name (Optional): _____

Mailing Address: _____

List Applicant's full mailing address and Contact Person (if any). _____

Applicant's Current Age: _____ *List the number of years.*

DOC or Jail Number: _____ *Must be in confinement to apply.*

Court of Appeals Case Number: _____

Trial Court Case Number: _____

County of Conviction: _____

Length of sentence (months): _____ *For this specific Trial Case Number.*

The applicant:

(Answer Yes or No. A disability diagnosis is not needed. If additional space is need, add a separate page.)

- Has a disability which:
 - Physically impairs the applicant's quality of life? _____ YES _____ NO
 - Substantially interferes with ability to read? _____ YES _____ NO
 - Substantially interferes with ability to understand or remember legal information? _____ YES _____ NO
 - Substantially interferes with ability to write or type? _____ YES _____ NO
- Used an interpreter to communicate at trial? _____ YES _____ NO
- Used an interpreter to communicate with attorneys? _____ YES _____ NO
- Has an active appeal or other post-conviction review? _____ YES _____ NO

If yes, what is the nature of the proceeding? _____
- filed a 6164 with county of conviction? _____ YES _____ NO

If not, why? _____
- filed for clemency before? _____ YES _____ NO

If not, why? _____

Optional Applicant Information (check all that apply)

Gender: _____

- _____ Hispanic or Latino
- _____ American Indian or Alaska Native
- _____ Black or African American
- _____ White
- _____ Native Hawaiian or Other Pacific Islander
- _____ Other: _____

Have you identified any issues that you believe would be appropriate to raise a Personal Restraint Petition? If so, please explain below or add additional pages, as necessary.

Do you believe that you have identified any issues that is an exception to the time bar? If it is different from the issue stated above, please explain below, or attach additional pages, as necessary.

Applications must be signed

I declare to the best of my knowledge that the foregoing is true and correct.

Date (mm/dd/yyyy): _____ Signature _____
Typed signatures accepted

Did you prepare this form for someone else? If yes,

list your name: _____

list your relationship to the applicant: _____

Send applications and questions to:

Email: postconviction@opd.wa.gov

Mail: PO Box 40957, Olympia, WA 98504-0957

Phone: 360-586-3164, request extension 186

Disclaimer: This application does not guarantee that you will have an attorney assigned to your case.