PETITION FOR A WRIT OF HABEAS CORPUS FORM

MONTANA SUPREME COURT

A Petition for Habeas Corpus tells the Court <u>you are being incarcerated illegally</u> or you <u>will be</u> incarcerated illegally.

INSTRUCTIONS

Please read and follow carefully, or your documents will be returned to you by the Clerk's Office.

- 1. You must put your name, under which you were convicted, on the first line.
- 2. Put your inmate ID or AO number on the second line.
- 3. Put the name of the correctional facility where you are presently incarcerated on the third line. You must be presently incarcerated in a facility to be eligible for habeas corpus relief.
- 4. On the fourth and fifth lines put the address for the facility where you are presently incarcerated.
- 5. Do not put anything below the name of the court. The court will fill in the case number for you.
- 6. Put your name as PETITIONER on the left-hand side.
- 7. Put your facility's Warden or Captain's name as RESPONDENT in the space on the bottom of the left-hand side, even if you are alleging the parole board is illegally denying you parole.

Montana State Prison	Warden Leroy Kirkegard
Crossroads Correctional Center, Shelby	Warden Douglas Fender
Montana Women's Prison	Warden Joan Daly
Cascade Co. Regional Prison, Great Falls	Cmdr. Dan O'Fallon
Dawson Co. Detention/Corr. Facility	Warden Tom Green

- 8. Next, answer the questions about your present incarceration.
- 9. Complete the Verification and Certificate of Mailing (Service) pages. You must send a photocopy of your petition to either the Attorney General or the County Attorney. If you are in a State institution, send the copy to the Attorney General's Office. If you have been recently sentenced and are awaiting transport to a State institution or facility, such as MSP, CCC, or MASC, send a photocopy to the Attorney General. If you are in a county facility, send a photocopy to the County Attorney where the facility is located.
- 10. Along with this petition, you need to submit payment for a filing fee **or** a motion to proceed without payment of the filing fee. The form for the motion is available on the Court's website. (www.courts.mt.gov/library/topic/prison-forms)
- 11. Make sure to sign the originals and to mail them to:

Clerk of Supreme Court P. O. Box 203003 Helena MT 59620-3003

12. Mail a photocopy of the petition to the Attorney General or County Attorney as noted above in Instruction number 9., and listed in the Certificate of Mailing (Service) on page 5. Make sure to retain a copy for your records, too.

Inmate Name			
Inmate			
Facility of Incarce	ation		
Address of Facility	,,		
 City	State	Zip	
IN THE S	UPREME COURT	OF THE STATE OF MON	TANA
	No	,	
	[The Clerk of Co	urt will assign a number]	
NAME	PETITIONER,	,	
v.	T DITTIONER,	Petition f	or a Writ f
NAME OF WAR	The Contract Annual Contract C	,	Corpus
NAME OF WARI	DEN/FACILITY ADN	INISTRATOR,	
	RESPONDENT.		
		, am representing mys	
or more of the follo	owing reasons:		
[Check the applicable	box]:		
1 1 -	ment of Corrections ha ends my parole eligibi	s incorrectly calculated my sentenity or discharge date.	ice which
	Board should have gra s rights in denying me	nted me a parole AND the Board va parole.	iolated my

I am entitled to more credit for jail time served than I received.
My sentence is illegal because:
I was sentenced after April 28, 1999, and I received a sentence of more than 5 years to the Department of Corrections, none of which was suspended.
My sentence violates my right to be free from double jeopardy.
The length of my sentence is longer than the law allows.
I am entitled to good time that is not credited against my sentence.
I am being held in jail and I believe my bail is excessive.
Other reason incarceration is illegal.
Describe in detail why you are entitled to habeas corpus relief. Be specific. If possible provide citations to legal authority. Attach any documents that help you explain why the Court should grant your petition. A copy of any judgments, orders or other documents that support your argument must be provided.

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As relief, I request the following:					
my immediate release from prison.					
reduction of my sentence or that directing the court to resentence	this Court remand this cause to the district court me to a lesser sentence.				
that the Department of Correction	ons recalculate my sentence as this Court directs.				
Other relief. Explain:					
VERIFICATION					
STATE OF MONTANA)				
County of	: ss.)				
I believe I am being incarcerated is petition are true and accurate to the	illegally. I certify that the contents of this he best of my knowledge.				
DATED this day of	··				
	Inmate Signature				
	Printed Name				

CERTIFICATE OF MAILING (SERVICE)

	I hereby certify that on		, 20	_, I have mailed the
Petiti	ion for a Writ of Habeas Corpus, as	noted	by a che	ck mark $()$, to the
follov	wing attorney by placing a copy in tl	he Un	ited State	es Mail, postage
prepa	aid:			
	State of Montana		(see INS	STRUCTIONS #9)
	Office of the Attorney General			
	P. O. Box 201401			
	Helena, MT 59620-1401			
or				
	County Atto [Write name of County]		(see INS	STRUCTIONS #9)
		[Signat	ture]	
		[Print i	 nam e]	