

Sentence Review Division
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SENTENCE REVIEW DIVISION OF THE SUPREME COURT OF MONTANA

STATE OF MONTANA,) Cause No. DC-
)
 Plaintiff,) _____ County District Court
 -vs-) Montana _____ Judicial District
)
 DEFENDANT NAME,) **WAIVER OF RIGHT TO**
) **REVIEW OF SENTENCE**
)
 Defendant.)

I, _____, the Defendant in the above-entitled cause, acknowledge that I have been advised that I have a legal right under Section 46-18-901, et seq., MCA, to have my sentence reviewed by the Sentence Review Division of the Montana Supreme Court.

I applied to have my sentence reviewed by the Sentence Review Division of the Montana Supreme Court.

I hereby request to waive my right to have my sentence reviewed by the Sentence Review Division of the Montana Supreme Court and request the Division take no further action on my Application.

I fully understand that this request will result in a permanent waiver of my right to appear before the Sentence Review Division on the above-described cause and that the Sentence Review Division will take no further action thereunder.

DATED this _____ day of _____, 2026.

Defendant's Signature

Witness Signature
