Form CC-1397 Instructions

Petition for Appointment of a Lawyer for Modification of Sentence (Marijuana-Related Convictions)

Using This Revisable PDF Form

1. This form is only for cases where the defendant:

    a. was adjudicated delinquent or convicted of a felony offense involving the possession, manufacture, selling, giving, distribution, transportation, or delivery of marijuana in violation of the following code sections: Va. Code §§ 18.2-248, 18.2-248.01, 18.2-248.1, 18.2-255, 18.2-255.2, 18.2-256, 18.2-257, 18.2-258, 18.2-258.02, 18.2-258.1, 18.2-265.3, or 18.2-474.1 with an offense date prior to July 1, 2021;

    b. was sentenced to jail, the Department of Juvenile Justice, or to the Department of Corrections and was placed on probation pursuant to § 16.1-278.8 or on community supervision as defined in § 53.1-1 for such adjudication or conviction; and

    c. remains incarcerated in a state or local correctional facility or a secure facility OR remains on probation or community supervision for such adjudication or conviction or a combination of such adjudications and convictions as of July 1, 2026.

2. This form is used if you are indigent and would like to request the court to appoint a lawyer to assist you with your sentence modification hearing. If you were determined to be indigent at the time of sentencing on your marijuana-related conviction, you do not need to fill out this form, because the court will automatically appoint a lawyer for you.

3. Pursuant to House Bill 26 (Chapter 1103) and Senate Bill 62 (Chapter 1104) of the 2026 Session of the General Assembly, on or before September 1, 2026, the Department of Corrections, sheriff of a local jail, regional director of a regional jail, and the Department of Juvenile Justice, respectively, shall determine which individuals currently incarcerated in such state correctional facility, local correctional facility, or secure facility, or placed on community supervision, respectively, meet the criteria for a hearing on the modification of sentence as set forth in subsections A and B of § 19.2-303.03 of the Code of Virginia, and shall notify all such individuals that they may be eligible for modification of their sentence, that a hearing will be scheduled for such determination, and that they may file a petition for assistance of counsel and a statement of indigency.

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Data Elements

1. Court case number. This should be the case number from your criminal case.

2. Court name.

3. Defendant name (your name).

4. Read each of the requirements and confirm whether you meet the criteria. If you do not meet the criteria, you cannot use this form. For example, if you were not adjudicated delinquent or convicted of any of the marijuana-related offenses listed in statement number 1, this form is not applicable to your case.

5. If you are receiving public assistance, check the box that describes the type of assistance you receive and insert the name of the city or county and, if receiving aid from another state or the District of Columbia, insert the name of such state or the District of Columbia. Also check the applicable boxes and, if applicable, complete the blank lines. If you are not receiving public assistance, check the applicable box.

6. Name and address of your employer(s). If you are married, include the name and address of your spouse's employer(s).

7. Description of interval between pay periods (weekly, every two weeks, twice monthly, monthly).

8. Provide your **annual** net take-home pay. This is the amount you receive on a yearly basis minus any deductions that are required by law (for example: taxes).

9. Describe any other income sources and total **annual** amounts.

10. Total of Data Element Nos. 8 and 9.

11. Total of both columns of Data Element No.10.

12. Amount of cash in your immediate possession and your spouse's possession.

13. Amount of funds in you and your spouse's checking or savings accounts, whether in a bank, savings and loan, credit union or other similar financial institution. List the name of the institution.

14. Describe other assets readily convertible to cash and the total value of such items.

15. Provide the net value of any real estate owned (the value after subtracting any loan or mortgage balance).

16. Provide the year, make, and net value of any motor vehicle owned (the current sale price after subtracting any loan balance).

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17. Provide the year, make, and net value of any motor vehicle owned (the current sale price after subtracting any loan balance).

18. Describe any other personal property and provide its value.

19. Total of Data Element Nos. 12 through 18.

20. Total of both columns of Data Element No.19.

21. Total number of individuals in household for whom you have financial responsibility, including yourself.

22. Amount of unusual, continuing medical expenses, if applicable to your family.

23. Amount of all court-ordered support and/or alimony (spousal support). Check appropriate box to indicate if deducted or not deducted from paycheck.

24. Amount of child care expenses, if any.

25. Amounts and descriptions of any other exceptional expenses.

26. Total number of such exceptional expenses.

27. Total of Data Element No. 11 plus Data Element No. 20 minus Data Element No. 26.

28. Date signed.

29. Defendant's signature (your signature).

PETITION FOR APPOINTMENT OF A LAWYER FOR MODIFICATION OF SENTENCE (MARIJUANA-RELATED CONVICTIONS)

Case Number 1

Va. Code § 19.2-303.03

2 [ ] Circuit Court [ ] Juvenile and Domestic Relations District Court

2
CITY OR COUNTY

Commonwealth of Virginia v. 3 , Defendant

PETITION FOR APPOINTMENT OF A LAWYER

Pursuant to Va. Code § 19.2-303.03, I request the court appoint a lawyer to assist me with my sentence modification hearing. In support of this request, I state the following:

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1. I was adjudicated delinquent or convicted of a felony offense involving the possession, manufacture, selling, giving, distribution, transportation, or delivery of marijuana in violation of §§ 18.2-248, 18.2-248.01, 18.2-248.1, 18.2-255, 18.2-255.2, 18.2-256, 18.2-257, 18.2-258, 18.2-258.02, 18.2-258.1, 18.2-265.3, or 18.2-474.1 committed prior to July 1, 2021;
2. I was sentenced to jail, to the Department of Juvenile Justice, or to the Department of Corrections and was placed on probation pursuant to § 16.1-278.8 or on community supervision as defined in § 53.1-1 for such adjudication or conviction; and
3. I remain incarcerated in a state or local correctional facility or secure facility, or I remain on probation or community supervision for such adjudication or conviction or a combination of such adjudications or convictions as of July 1, 2026.

At the time of sentencing on my marijuana-related conviction, I was not found to be indigent and was not entitled to a court-appointed lawyer. I am currently indigent and cannot pay to hire a lawyer. My financial information is provided below.

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A. Public Assistance

[ ] I currently receive the following type(s) of public assistance in .....
CITY/COUNTY

[ ] TANF $ ..... [ ] Medicaid [ ] Supplemental Security Income $.....

[ ] SNAP (food stamps) $ ..... [ ] Other (specify type and amount) .....

.....

[ ] I currently do not receive public assistance.

B. Names and Address of Employer(s) for Defendant and Spouse

Self 6

Spouse (not applicable if alleged victim) 6

C. Net Income

	Self	Spouse
Pay period (weekly, every second week, twice monthly, monthly)	7	7
Net take home pay (salary/wages, minus deductions required by law)	$ 8	8
Other income sources (please specify)		
9	9	$ 9

COURT USE ONLY

TOTAL INCOME $ 10 + 10 = 11

A

D. Assets

		Self	Spouse
Cash on hand 12		$ 12	12
Bank Accounts at: 13		$ 13	13
Any other assets: (please specify)			
14	with a value of	$ 14	14
Real estate – $ 15 (NET VALUE)		$ 15	15
Motor Vehicles: 16 (YEAR AND MAKE)	with net value of	$ 16	16
Motor Vehicles: 17 (YEAR AND MAKE)	with net value of	$ 17	17
Other Personal Property: (describe) 18		$ 18	18

TOTAL ASSETS $ 19 + 19 = COURT USE ONLY 20

B

21 Number in household defendant has financial responsibility for, including defendant.

E. Exceptional Expenses (Total Exceptional Expenses of Family)

Medical Expenses (list only unusual and continuing expenses) $ 22

Court-ordered support payments/alimony $ 23

23 [ ] deducted from paycheck [ ] not deducted from paycheck

Child-care payments (e.g. day care) $ 24

Other (describe): 25 $ 25

TOTAL EXPENSES $ 26 = COURT USE ONLY 26

C

COLUMN “A” plus COLUMN “B” minus COLUMN “C” equals available funds = 27

I hereby state that the above information is correct to the best of my knowledge.

28 DATE

29 DEFENDANT’S SIGNATURE