



**United States Attorney's Office
for the Southern District of New York
Conviction Integrity Committee**

**APPLICATION TO BE COMPLETED BY INDIVIDUAL SEEKING
INFORMATION FROM THE SOUTHERN DISTRICT OF NEW
YORK RELATING TO CONVICTION IN OTHER JURISDICTION**

NAME:

DATE OF BIRTH:

INMATE NUMBER:

CURRENT ADDRESS:

CURRENT EMAIL:

COURT AND COUNTY/DISTRICT OF CONVICTION(S):

DATE OF CONVICTION(S):

CASE NUMBER OF CONVICTION TO BE REVIEWED:

Please return this application to:

UNITED STATES ATTORNEY'S OFFICESOUTHERN DISTRICT OF NEW YORK
ATTN: CONVICTION INTEGRITY COMMITTEE
C/O CHIEF OF THE CRIMINAL DIVISION
ONE ST. ANDREWS PLAZA
NEW YORK, NEW YORK 10007

**Please complete this submission form as fully as
possible. If you do not know the answer to a
question, you may leave it blank.**

NOTICE: The U.S. Attorney's Office cannot provide information regarding when the review of this submission will be completed. It may be some time before we can

review your submission. Please read the consent form carefully.

CONSENT FORM

The petitioner must agree to all of the following and indicate such agreement by initialing to the right of each statement.	
Statements	Initials of Petitioner
1. I certify that all of the statements in this application are true and accurate.	
2. I acknowledge that providing false information will result in a rejection of my application to the Conviction Integrity Committee of the U.S. Attorney's Office for the Southern District of New York ("CIC").	
3. I believe that credible evidence of my innocence or wrongful conviction exists.	
4. I believe that the United States Attorney's Office for the Southern District of New York ("USAO") is in possession of evidence relating to my innocence or wrongful conviction.	
5. I am requesting that the CIC review this application and (a) determine whether the USAO is in possession of evidence relating to my claim of innocence or wrongful conviction; and (b) share that information with me and/or relevant law enforcement authorities as it deems appropriate.	
6. Other than this claim and a request that my conviction be reviewed by the post-conviction review unit of the prosecuting office that prosecuted my case, I do not have any legal proceedings underway relating to this conviction.	
7. I understand that I have no right to a CIC review of my application, and that there is no right of appeal from rejection by the CIC.	
8. I understand that the CIC is not my attorney, and I should not share confidential or privileged information with the CIC.	
9. I am willing to cooperate with the CIC's review of my application.	
10. I understand that the CIC may determine that my application does not meet its criteria and at any point reject my application.	

11. I understand that my request for information to the CIC is not an appeal.	
12. I understand that sending this application to the CIC will not extend any court's legal deadlines, including the Statute of Limitations for filing a federal habeas petition.	

The prosecutors on the CIC at the United States Attorney's Office for the Southern District of New York do not represent you and cannot offer you legal advice. A prosecutor cannot legally or ethically be your attorney. **You should not share any confidential or privileged information with the CIC.** If you do not understand any of the above, you should consult an attorney before submitting this form.

I have read and understand all of the above statements. By initialing the statements and signing below, I understand and agree to comply with any terms herein. No one has told me to agree to anything that I oppose or do not understand. My agreements are of my own free will and are given voluntarily.

DATE: _____

NAME (PRINT): _____

SIGNATURE: _____

ONCE SIGNED, PLEASE PROCEED TO THE NEXT PAGE.

1. Do you have a lawyer? If so, please provide your lawyer's name, address and phone number.

2. What is your first language? If English is not your first language, do you have any difficulties reading and writing in English?

3. What is the highest grade you completed in school?

4. Is there any reason that corresponding in writing will be difficult for you?
_ **Yes** **No**
If yes, please explain.

5. Have you ever received mental health treatment? **Yes** **No**
If yes, please describe if it affects your ability to complete this form.

6. Is anyone assisting you in completing this form? **Yes** **No**
If yes, please identify that person and explain why.

7. Are you claiming that, based only on the facts and not on any legal arguments, you are **actually innocent**, meaning that you did not commit the crime(s) for which you were convicted? **Yes** **No**

If yes, please describe why you are innocent of the crime(s) for which you were convicted (feel free to attach additional sheets of paper):

8. Are you claiming that you were **wrongfully convicted**? “Wrongfully convicted” means that the evidence used against you at trial was inaccurate or unreliable or your trial was fundamentally unfair. **Yes No**

If yes, please describe why you were wrongfully convicted of the crime (feel free to attach additional sheets of paper):

9. Have you submitted an application to the Post-Conviction Justice Unit of the prosecutor's office that prosecuted your case asking for review of your claim of innocence or wrongful conviction? **Yes** **No**

If yes, what is the status of that application? If no, why not?

10. What information do you believe to be in the possession of the USAO-SDNY that could help prove your actual innocence or that you were wrongfully convicted?

11. Please tell us any other information you would like us to know. Use additional sheets of paper if necessary.

I affirm that I have been truthful in answering the questions in this form.

Signed:

Date: