



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

**APPLICATION TO BE COMPLETED BY INDIVIDUAL SEEKING
REVIEW OF PRIOR CONVICTION IN THE SOUTHERN
DISTRICT OF NEW YORK**

The Conviction Integrity Committee of the United States Attorney's Office for the Southern District of New York ("CIC") will review innocence claims relating to convictions in the Southern District of New York that meet the following criteria:

1. All claims must be based on facts (not based on a legal issue) and non-frivolous.
2. The claimant must assert that he or she did not commit the crime of which he or she stands convicted.
3. The claimant must identify new, credible, material facts that are capable of being investigated and substantiated.
4. Case records necessary for re-investigation must be available for review.
5. CIC inquiries are non-adversarial and cooperative processes.
6. Absent extraordinary circumstances, the CIC will not consider any request where the claimant currently has other legal process underway (such as a habeas petition or a civil lawsuit).

If you believe you are innocent of a crime for which you have been convicted in the Southern District of New York, meet the above criteria, and would like the CIC to review your innocence claim, please complete and submit the following application.

SUBMISSION FORM / REQUEST FOR REVIEW

NAME:

DATE OF BIRTH:

INMATE NUMBER:

CURRENT ADDRESS:

CURRENT EMAIL:

COURT OF CONVICTION(S): U.S. District Court, Southern District of New York
Manhattan White Plains

DATE OF CONVICTION(S):

CASE NUMBER OF CONVICTION TO BE REVIEWED:

Please return this application to:

UNITED STATES ATTORNEY'S OFFICE, SOUTHERN 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 United States Attorney's Office for the Southern District of New York 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 United States Attorney's Office for the Southern District of New York ("CIC").	
3. I understand that I have no right to a CIC review, and that there is no right of appeal from rejection by the CIC.	
4. I understand that CIC investigations are non-adversarial and cooperative processes.	
5. I understand that the CIC is not my attorney, and I should not share confidential or privileged information with the CIC.	
6. I did not commit the crime(s) for which I was convicted.	
7. I know of new, credible, material facts that are capable of being investigated and substantiated.	
8. I am requesting that the CIC review my claim of innocence.	
9. I am willing to cooperate with the CIC's investigation.	
10. I understand that the CIC may determine that my case does not meet its criteria and at any point reject my application.	
11. I understand that my request for the CIC to review my case is not an appeal.	
12. Other than this claim, I do not have any legal proceedings underway relating to this conviction.	

13. 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.	
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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. Please provide the names, addresses, phone numbers and email addresses of family or friends who might have information regarding your case. *By writing these names, you are giving us permission to talk to them about your case.*

8. Have you filed a direct appeal of your conviction(s)? **Yes** **No**

If yes, please provide the docket number, date of any decision, and result of your appeal?

9. Have you filed a federal habeas petition to challenge your conviction(s)?

Yes **No**

If yes, please provide the docket number, date of any decision, and result of your habeas petition?

10. 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? (**Note:** The CIC generally will not review claims of self-defense or insanity, which are legal arguments and not actual innocence claims.) **Yes** **No**

If yes, please provide as much information as possible and describe the facts and reasons you are innocent of the crime(s) for which you were convicted (feel free to attach additional sheets of paper):

11. What new, credible, material facts or information can be investigated and substantiated that support your claim that you are innocent, in other words, that you did not commit the crime(s) for which you were convicted? (feel free to attach additional sheets of paper).

12. Please identify any witnesses who have new, credible, material information relevant to your claim that, based on the facts, you are innocent.

Witness #1:

Address, phone number and email (if available):

What information does this person know?

Witness #2:

Address, phone number and email (if available):

What information does this person know?

Witness #3:

Address, phone number and email (if available):

What information does this person know?

(Please provide information about additional witnesses on a separate, attached page.)

13. Did you have any co-defendants? **Yes** **No**

If yes, please identify them by name and provide any contact information.

Were your co-defendants innocent? If so, please explain why.

If not, please explain why you are innocent and they are not.

14. Did you plead guilty or were you convicted at trial?

If you pled guilty, why did you plead guilty?

15. Was any scientific or forensic evidence or other expert testimony (e.g. DNA, fingerprints, ballistics, hair and fiber comparison, medical opinions) used to convict you? **Yes** **No**

If yes, please describe this scientific or forensic evidence, or other expert testimony:

16. Are you asking for DNA, fingerprint, or other forensic testing of evidence from the crime? **Yes** **No**

If yes, please identify what you would like tested and why the results would show you are innocent.

17. Did any informants or cooperating witnesses provide information against you? **Yes** **No**

If yes, please list their names and what they said.

Was their testimony truthful? If not, please explain why and how you know that.

18. Did an eyewitness make an identification against you? **Yes** **No**
If yes, was the identification wrong? Please explain.

19. Did you confess to the crime(s) of which you were convicted? **Yes** **No**
If yes, please explain why you confessed.

20. **OPTIONAL:** Do you know who committed or participated in the crime(s) of which you were convicted? **Yes** **No**

If yes, please name them below and provide that person's location.

How do you know that this person committed or participated in the crime(s)?

Please explain their role in the crime and, if you know, why they were not prosecuted or convicted.

21. 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: