



U.S. Department of Justice

*United States Attorney
Eastern District of New York*

*271 Cadman Plaza East
Brooklyn, New York 11201*

**Conviction Integrity Submission for Individuals Seeking Review
of Prior Conviction in the Eastern District of New York**

The United States Attorney's Office for the Eastern District of New York (the "Office") will review claims of actual innocence relating to convictions from this district where (1) the claimant identifies new, credible facts that are capable of being investigated and potentially substantiated; and (2) the new, credible facts identified by the claimant would, if substantiated, undermine the conviction. Absent extraordinary circumstances, the Office will not consider any request where the claimant currently has other legal process underway (such as a pending post-conviction motion).

If you believe you are innocent of a crime for which you have been convicted in the Eastern District of New York, meet the above criteria, and would like the Office to review your actual innocence claim, please complete the following application and submit it by email to USANYE-ConvictionIntegrity@usdoj.gov.

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 Applicant
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 submission.	
3. I understand that I have no right to a review of my conviction, and that there is no right of appeal from rejection of my request for a review.	
4. I understand that conviction integrity investigations are non-adversarial and cooperative processes.	
5. I understand that the Conviction Integrity Coordinator(s) are not my attorney, and I should not share confidential or privileged information with the Conviction Integrity Coordinator(s).	
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 U.S. Attorney's Office for the Eastern District of New York (the "Office") review my claim of innocence.	
9. I am willing to cooperate with a conviction integrity investigation.	
10. I understand that the Office 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 Office to review my case is not an appeal.	
12. Other than this claim, I am not currently appealing or seeking collateral review of this conviction.	

13. I understand that sending this application 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 at the Office do not represent you and cannot offer you legal advice. A prosecutor cannot legally or ethically be your attorney. 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: _____

(Application continued on next page)

1. Name of defendant and any identifiers (e.g., date of birth, inmate number):
2. Contact information of requesting individual or entity:
3. Case name, case number, and court of conviction:
4. Do you have a lawyer? If so, please provide your lawyer's name and contact information:
5. What is your first language? If English is not your first language, do you have any difficulties reading and/or writing in English?

6. Is there any reason that corresponding in writing will be difficult for you?

☐ YES ☐ NO

If yes, please explain.

7. 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.

8. Have you filed a federal habeas petition to challenge your conviction?

☐ YES ☐ NO

If yes, please provide the docket number, date of any decision, and result of your habeas petition, or state whether any such proceedings are still pending.

9. Have you filed any other legal proceedings challenging your conviction?

☐ YES ☐ NO

If yes, please provide the docket number, date of any decision, and result of the proceeding, or state whether any such proceedings are still pending.

(Application continued on next page)

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?

☐ YES ☐ NO

If yes, please provide as much information as possible and describe the facts and reasons you are innocent of the crime(s) of which you were convicted.

(Application continued on next page)

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?

(Application continued on next page)

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:

NAME:

CONTACT INFORMATION:

WHAT INFORMATION DOES THIS PERSON KNOW?

WITNESS #2:

NAME:

CONTACT INFORMATION:

WHAT INFORMATION DOES THIS PERSON KNOW?

WITNESS #3:

NAME:

CONTACT INFORMATION:

WHAT INFORMATION DOES THIS PERSON KNOW?

Please provide information about additional witnesses on a separate, attached page
(Application continued on next page)

13. Did you have any co-defendants?

☐ YES ☐ NO

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

Does your claim of actual innocence also apply to your co-defendants? Please explain.

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.

(Application continued on next page)

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 that you are innocent.

17. Did any informants or cooperating witnesses provide information against you?

☐ YES ☐ NO

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

18. Did an eyewitness make an identification of 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.

(Application continued on next page)

20. Do you know who committed the crime 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 the crime?

(Application continued on next page)

21. Please tell us any other information you would like us to know.

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

Signed:

Date:

(End of Application)